

DEPARTMENT OF SOCIAL SERVICES

September 17, 2004

FOR: FOOD STAMP CERTIFICATION MANUAL DISTRIBUTION

FOOD STAMP CERTIFICATION MANUAL - VOLUME V

TRANSMITTAL #60

This transmittal contains annual revisions to amounts used to calculate food stamp benefits. Income guidelines and benefit amounts have also been revised. These revisions were previously addressed in Broadcast #2803 issued August 30, 2004.

The transmittal also contains policy clarifications and changes for the Food Stamp Program. The transmittal also contains a new provision for determining the medical expense deduction using Medicare Drug Discount Cards. Information about the Medicare Drug Discount Cards was previously addressed in Broadcast # 2799 issued August 26, 2004.

The provisions of this transmittal are effective for eligibility determinations for October 1, 2004 or later.

Guidance for maintenance of the manual follows. The manual and this transmittal are available online at http://www.dss.state.va.us/benefit/fs_manual.html and on the Intranet at http://www.localagency.dss.state.va.us/divisions/bp/fs/manual.cgi.

Remove Page(s)	Insert Page(s)	Significant Changes
Table of Contents Pages vii-xi	Table of Contents Pages vii-ix	The Table of Contents was revised to delete the disaster and Workfare chapters.
Part I Pages 7-8	Part I Pages 7-8	The name of the poster that outlines households' rights was revised.

Remove Page(s)	Insert Page(s)	Significant Changes	
Part VI Pages 1-8	Part VI Pages 1-8	A clarification was added to address household composition and boarder status when parental rights have been terminated.	
		Income limits used to determine separate household status for elderly, disabled members from other members were increased.	
		The minimum amounts needed to determine boarder status were increased.	
Part X Entire Chapter	Part X Entire Chapter	The standard deductions for households with five or more members were increased. The deductions for smaller households did not change.	
		New amounts were added for the shelter maximum deduction, standard utility allowances and the telephone standard.	
		Provisions were added to allow \$73 as a medical deduction for prescriptions for Medicare beneficiaries who possess a Medicare-approved card to purchase prescription drugs at a discount. This amount allows for a monthly credit of \$50 to prorate the \$600 maximum credit for low-income Medicare beneficiaries and an expansion factor of \$23 to fill in for discounts provided for prescriptions purchased. This amount is allowed in addition to other costs incurred by the household for prescriptions and other medical expenses.	
Part XI Pages 1-2	Part XI Pages 1-2	The maximum gross and net income amounts were increased.	
Part XII Pages 5-6	Part XII Pages 5-6	The allowances for meals used to determine the countable income of day care providers were increased.	

Remove Page(s)	Insert Page(s)	Significant Changes
Pages 15-16	Pages 15-16	Policy was changed for determining income when there is noncompliance with other programs' requirements to eliminate an evaluation of Supplemental Security Income (SSI) or Housing and Urban Development (HUD) payments. Only the current SSI payment would count as income without any regard to acts of noncompliance. HUD payments are excluded as income so acts of noncompliance need not be evaluated.
Part XIV Pages 1-2	Part XIV Pages 1-2	The income limits for reporting changes were increased.
Pages 13-14	Pages 13-14	A reference to the Notice of Action was corrected. Instructions for the worker to notify transferring households of outstanding verifications on the Notice of Transfer were deleted. The notification would be included on the Notice of Action.
Part XVII Pages 13-14	Part XVII Pages 13-14	Provisions for terminating a claim were revised to eliminate instances when claims have been referred to the Treasury Offset Program (TOP) but no payments have been received within three years. The provision to terminate a claim remains if the claim has not been referred to TOP and no payments have been received within three years.
Part XIX Pages 13-14	Part XIX Pages 13-14	The unit to receive the completed waiver of an administrative hearing was changed from hearings to Fraud Management.
Part XX Entire Chapter	Part XX Page i	The chapter on operating a disaster food stamp program was deleted. Reference materials for this component will be issued separately.

Remove Page(s)	Insert Page(s)	Significant Changes
Part XXII Entire Chapter	Part XXII Page i	The chapter for operating a Workfare program was deleted. Virginia localities have not operated a Workfare program.
Part XXIII Entire Chapter	Part XXIII Entire Chapter	The benefit allotment table was revised.
Part XXIV Pages i-ii	Part XXIV Pages i-ii	The Table of Contents for the Forms Chapter was revised.
Pages 56-58	Pages 56-58	The Change Report Form and instructions were revised to include new income limits for reporting changes and when the form must be provided.
Pages 90-91	Pages 90-91	The unit to receive a completed waiver of an administrative hearing was changed from hearings to Fraud Management.
Pages 101-102	Pages 101-102	The address for sending the Disqualified Recipient Report was changed.
Page 117	Page 117	Instructions for the Notice of Transfer were revised to address verifications/information requested by the transferring agency that households must provide to the new locality.
Index Pages 3-4, 7-12	Index 3-4, 7-12	The index was revised to delete references for the disaster program and Workfare and to make other page corrections. Julie Storen Director Division of Benefit Programs

Attachment

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PART XVIII REPLACEMENT OF EBT CARDS, BENEFITS AND FOOD

- A. Replacement of EBT cards
- B. Benefit Replacement
- C. Replacement of Food Destroyed in a Disaster

PART XIX FAIR HEARINGS AND ADMINISTRATIVE DISQUALIFICATION HEARINGS

- A. Introduction to Fair Hearings
- B. Right of Appeal
- C. Hearing Request
- D. Time Limits for Requesting a Hearing
- E. Local Agency Conference
- F. Participation During Appeal
- G. Preparation for the Hearing
- H. Responsibilities of Hearing Authority
- I. Denial or Dismissal of Request for Hearing
- J. Hearing Procedure
- K. Events of the Hearing
- L. Duties of the Hearing Officer
- M. Hearing Decision
- N. Implementation of Decisions
- O. Introduction to Administrative Disqualification Hearings (ADH)
- P. Initiation of ADH
- Q. Scheduling of the ADH
- R. Conduct of the ADH
- S. Notification of ADH Decision

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- PART XIX FAIR HEARINGS AND ADMINISTRATIVE DISQUALIFICATION HEARINGS (CONTD)
 - T. Implementation of the ADH Decision

APPENDIX I - Virginia Legal Aid Projects

- PART XX DISASTER FOOD STAMP PROGRAM (RESERVED)
- PART XXI REDUCTION, SUSPENSION, CANCELLATION OF FOOD STAMP BENEFITS
 - A. General Purpose
 - B. Definitions
 - C. Reduction
 - D. Suspensions and Cancellations
 - E. General Operating Procedures

PART XXII WORKFARE (RESERVED)

PART XXIII BENEFIT ALLOTMENT TABLES

- A. Calculating Benefit Allotments
- B. Benefit Allotment Tables

PART XXIV FORMS

PART XXV Food Stamp Employment & Training Program

- A. Purpose
- B. Referral to FSET
- C. Assessment
- D. Program Components
- E. Social/Supportive Service

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- F. Volunteers
- G. Changes/Transfers
- H. Contracts
- I. Sanctions
- J. Appeal/Hearings
- K. Statistics and Reporting
- L. Local Food Stamp Employment and Training Plan
- Appendix I Virginia FSET Agencies
- Appendix II Employer's First Report of Accident Form
- Appendix III Forms

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- 3. Local, state, or federal law enforcement officials upon a written request to investigate an alleged violation of the Food Stamp Act or regulations. The written request must include the identity of the individual requesting the information and the authority to do so, the violation being investigated, and the identity of the person on whom the information is requested.
- 4. Law enforcement officials upon notification that an individual is fleeing prosecution or imprisonment, is in violation of parole or, that an individual has information needed to conduct an investigation of a felony or parole violation. The individual's address, Social Security number, and photograph, if available, must be disclosed upon written request. (The agency may not disclose scheduled appointment dates or times.)
- 5. The parent locator service to assist in the Child Support Enforcement Program under Title IV-D, upon request; and
- 6. Persons directly connected with the verification of immigration status of aliens applying for food stamp benefits through SAVE to the extent the information is necessary to identify the individual for verification purposes.

If there is a written request by a responsible member of the household, its currently authorized representative, or a person acting on its behalf, the household representative must be allowed to review material and information contained in the case file, during normal business hours. The agency may withhold confidential information, however, such as the names of individuals who have disclosed information about the household without the household's knowledge, or the nature or status of pending criminal prosecutions.

All local offices of the Department of Social Services must maintain state regulations and manuals that affect the public for examination by the public on regular workdays during regular office hours.

I. PROGRAM INFORMATIONAL ACTIVITIES (7 CFR 272.5)

Food Stamp Program information must be available to applicant and recipient households. Program information includes the rights and responsibilities of households. This information may be conveyed through publications, telephone hotlines, and face-to-face contacts.

1. Booklets/Pamphlets

a. Virginia Social Services - Benefit Programs information booklet - Applicants must receive this booklet at the time of each new application. Applicant households must also receive the booklet at each reapplication or recertification if the household no longer has a copy of the booklet.

- b. Virginia Nondiscrimination Program Provide the nondiscrimination pamphlet to households upon request.
- c. Appeals and Fair Hearings pamphlet Households must receive this pamphlet with computer-generated adverse action notices for actions to reduce or terminate the benefits or when applications are denied.
- d. Virginia EBT Questions and Answers pamphlet and the EBT wallet card The local agency or the EBT vendor must provide EBT materials to EBT card recipients upon the initial or replacement issuance of the EBT card. The local agency must provide these EBT materials upon request after the issuance of the EBT card. The agency may provide the Cardinal Card Reminder flyer to households as needed.

2. Posters

These posters must be prominently displayed where food stamp applications are taken:

- a. A nondiscrimination poster, e.g., "And Justice for All", or the Virginia Nondiscrimination poster
- b. "Your Food Stamps Rights"

3. Other Required Activities

- a. The agency must provide an explanation of household rights when applicants request information about the Food Stamp Program. The agency may provide a verbal explanation or it may provide the Know Your Rights When Applying for Food Stamps flyer if the applicant is able to read and comprehend the form in English.
- b. The agency must complete the *Food Stamp Program Hotline Information* form and provide it to each applicant on the day
 the applicant files a new application, a reapplication, or a
 late recertification application.
- c. The local agency must make an effort to answer general or specific questions related to the Food Stamp Program from persons expressing an interest in applying for program benefits. The agency may refer callers to appropriate agency personnel, and if those persons are not available, the agency must arrange to return the call. If it is not possible to return the call, the agency must advise the caller to return the call at a prearranged time when the appropriate personnel will be available to answer the questions.

A. THE HOUSEHOLD CONCEPT

The Eligibility Worker must determine the composition of the food stamp household. This chapter describes those who do or do not qualify as household members, and the designation of head of household. For the month of application, the household membership as of the day of application is evaluated, including those persons frequently away from home who are included in the household under the provisions of Part VI.A.6.

No one is permitted to receive food stamps as a part of more than one household in the same month, except for residents of a shelter for battered women and children who were members of a household containing the person who had abused them.

1. General Criteria (7 CFR 273.1(a))

A household is composed of one of the following individuals or groups of individuals, provided they are not residents of an institution, except as specified in Part VII.C., or are not boarders, except as specified in Part VI.B:

- a. An individual living alone.
- b. An individual living with others who customarily purchases and prepares food for home consumption separate and apart from the others.

If an individual has insufficient income and resources to contribute to the purchase of food, certify the individual as a separate household if the individual intends to purchase and prepare food separately, if eligible for food stamp benefits.

c. A group of individuals living together for whom food is customarily purchased in common and for whom meals are customarily prepared from this food supply by or for all members of the group for home consumption.

Unless there is evidence that contradicts a household's statement, accept the household's word on which household members customarily purchase and prepare meals together, and which members constitute the household for food stamp purposes. Contradictions could include situations where an individual living with others claims to purchase and prepare food apart from the others, but previously the person had been part of the household of the others. Verification in this type of situation can consist of a signed statement from the applicant and a responsible member of the other household attesting to the separate eating arrangements.

In cases of those without sufficient income and resources who state their intent to purchase and prepare food separate from others in the home after certification, a signed statement can be obtained at recertification to verify that the intended separation took place, if the information is questionable.

2. Required Household Members (7CFR 273.1(a)(2))

The following individuals living with others or groups of individuals living together shall be considered as one food stamp household, even if they do not customarily purchase food and prepare meals together:

- a. A spouse of a member of the household. Spouse refers to either of two individuals who would be defined as married to each other under applicable state law, or are living together and are holding themselves out to the community as husband and wife by representing themselves as such to relatives, friends, neighbors, or tradespeople.
- b. Children under 18 years of age who are under the parental control of an adult household member other than their parents. For the purpose of this provision, children must be financially or otherwise dependent on a household member. Parental control will be assumed to exist if an adult household member has legal custody of a child.
- c. Children 21 years of age or younger who live with natural or adoptive parents, unless parental rights have been terminated, or stepparents, unless ties have been severed through divorce.

In the event a child lives in the home with an adult who has parental control (b) and a parent (c), only one food stamp household will exist.

3. Children in Foster Care

Households containing children in foster care have the option of including foster children as part of the household or excluding them. This option takes precedence over other guidelines for determining household composition. If the child is not included as a member of the foster family's food stamp household however, the foster child may be considered a food stamp household member of any other household in which the individual lives. A foster care service plan must exist which allows the child to be a part of another household on a temporary basis, such as a plan which allows weekend visits to the home of the biological parents or prior custodian.

The foster care payment will be counted as income to the foster household if the household elects to count the foster child as a member of the household for food stamps. The payment is excluded as

income if the foster family does not include the foster child in its request for food stamp benefits. If the foster child is included in any other food stamp household, only direct payments from the foster care grant from the foster family to the child or other food stamp household would count as income to that household.

A child in foster care and residing with others may not be considered as a separate food stamp household. Foster children may only participate in the Food Stamp Program as a part of another household in which they live. The restrictions described in this section do not apply to persons assigned to the Independent Living Program.

4. Special Consideration for Elderly and Disabled People (7 CFR 273.1(a)(2)(ii))

Although a group of individuals living together and purchasing and preparing meals together constitutes a single household under the provision of Part VI.A.1.c, an otherwise eligible member of such a household who is 60 years of age or older, (as well as the spouse of such an individual and children under the age of 18 for whom parental control is exercised) who is unable to purchase and prepare meals because he or she suffers from a disability considered permanent under the Social Security Act or suffers from a non-disease-related, severe, permanent disability may be a separate household. However, the gross income of the remaining household members cannot exceed the following amounts (165% of the Federal Poverty Income Guidelines):

Household Size	165% Limit	Household Size	165% Limit
1	\$1,281	6	\$3,467
2	1,718	7	3,904
3	2,155	8	4,341
4	2,592	each additional	
5	3,030	members	+\$438

Do not count the income of the elderly and disabled person and his or her spouse for this calculation. The elderly and disabled person is responsible for obtaining the cooperation of the other individuals in providing necessary income information to the local agency.

The key factor in determining whether or not a disability would qualify a household for separate status under this provision is inability to purchase and prepare meals. In the majority of cases, someone with a disability considered permanent under the Social Security Act could be assumed to be incapable of purchasing and preparing meals. However, because disability under the Social Security Act, as well as other disability programs, is based on an inability to work, eligibility workers should not, in every case,

automatically assume the disability constitutes an inability to purchase and prepare meals.

No specific verification is required if it is obvious to the EW that the person in question could not purchase and prepare his or her own meals; however, when the inability to purchase and prepare meals is not obvious to the EW, the EW should request that such individuals provide a statement from a physician that they are unable to purchase and prepare their own meals.

5. Residing Together Determinations

In some situations it may become difficult to determine whether persons required to participate together actually reside together. Factors to consider in determining whether persons reside together include, but are not necessarily limited to, the following:

- a. If the persons live in separate, identifiable units, separate households probably exist;
- b. If the persons share common facilities such as a kitchen and/or a bathroom, separate households probably do not exist; and,
- c. If the dwelling is constructed as a single-family home, separate households probably do not exist. If the dwelling is constructed as a multi-family structure (e.g., a duplex, apartment building), separate households exist, in all likelihood.

Examples

- 1) A 20-year-old woman lives in two rooms in her parents' basement. She has a bed, sofa, refrigerator, hotplate, etc., but uses the kitchen and bathroom in her parents' home. All persons must participate together since this is a single-family dwelling and common facilities are shared.
- 2) Individuals live together in the same house. One person lives in an apartment in the basement. The apartment contains a kitchenette and bathroom along with other living space. Since the apartment is a separate, identifiable dwelling unit, the individuals are not considered as living together.
- 3) Individuals live in separate rooms in a hotel, but must share a bathroom down the hall. Since they live in separate, identifiable units, they are not required to participate together even though they share common facilities.

These types of situations require careful case-by-case evaluation, and the EW must take care not to impose rigid guidelines, such as requiring a separate unit to have a kitchen, or requiring separate units within one dwelling to have separate entrances. Document how the decision to consider persons residing together or not was determined in these types of situations.

6. Household Membership of Those Frequently Away From Home

In those situations where an individual is frequently away from home and it becomes questionable as to his/her household membership, the EW will use the following guidelines to determine household membership:

- a. If the individual spends at least 15 days per month in the home and he/she otherwise meets the definition of a household member, consider the individual a household member.
- b. If the individual spends less than 15 days per month in the home, is not certified for food stamps elsewhere and is the spouse of a household member, and he/she otherwise meets the definition of a household member, consider that individual a household member.
- c. If the individual spends less than 15 days per month in the home, is not certified for food stamps elsewhere and is not the spouse of a household member, the applicant is to be given the option of considering the individual as part of the applicant's household, provided the individual otherwise meets the definition of a household member.

If the applicant opts not to include the individual frequently away, that individual may only participate as a separate household living at that address if he/she does not meet the relationship criteria to another member of the household as described in Part VI.A.2.c.

B. BOARDERS (7 CFR 273.1(c))

1. Those Eligible to Participate

An individual residing with a household and paying reasonable compensation to the household for lodging and meals is considered a boarder.

Boarders in commercial boarding houses are ineligible to participate in the Program. A commercial boarding house is an establishment licensed as a commercial enterprise that offers meals and lodging for compensation. A commercial establishment, located in an area without licensing requirements, that offers meals and lodging for compensation with the intention of making a profit shall also be classified as a commercial boarding house. The number of boarders residing in the house is not a determining factor.

Other boarders are ineligible to participate in the program independent of the household providing the board. They may participate as members of the household providing the board at that household's request. If boarders are excluded, their income and resources shall not be considered available to the household providing the board.

The household with which the boarder resides (including the household of the proprietor of a boarding house) may participate in the Program, if they meet all the eligibility requirements for participation.

2. Making Boarder Determinations

If an applicant household identifies any individual in the household as a boarder, apply the following conditions to determine if boarder status shall be granted. Boarder status shall not be granted to any of the following:

- a. The spouse of a member of the household;
- b. Children under 18 years of age under parental control of a member of the household;
- c. Children under 22 years of age living with their natural, step- or adoptive parents as long as parental rights have not been terminated or severed through divorce;
- d. Persons paying less than a reasonable monthly payment for meals.
 - An individual furnished both meals and lodging but paying less compensation than a reasonable amount, will be considered a member of the household which provides the meals and lodging.

Only direct money payments (cash, check, money order) which are made to the household shall be used in making this evaluation. In no event shall food stamps be paid for meals and be credited toward the monthly payment. If payment for meals alone cannot be distinguished from payment for lodging and meals, the full payment amount will be used to make the determination.

2) A reasonable monthly payment shall equal or exceed the following amounts if the boarder takes two meals or less per day in the home.

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No. of boarders being considered as a separate household

Minimum monthly payment (This is two-thirds of the maximum coupon allotment, rounded down to the nearest whole dollar amount, for each household size indicated.)

1	\$ 99
2	182
3	262
4	332
5	394
6	474
7	524
8	598

3) A reasonable monthly payment is equal to or will exceed the following amounts if the boarder takes more than two meals per day in the home.

No. of boarders

Minimum monthly payment
being considered

(This is the maximum coupon
as a separate
allotment for each household
household
size indicated.)

1	\$149
2	274
3	393
4	499
5	592
6	711
7	786
8	898

If a single board payment is made for more than one boarder, all boarders for whom the payment is made are to be considered as a single household.

Example

A mother and daughter are boarding with another household. The mother pays board to the landlord for herself and her daughter. The mother and daughter are to be considered as one household if their board payment is equal to or greater than the required minimum monthly payment.

In those instances where the individual is furnished meals only (lodging is not furnished), the individual will be considered not as a boarder but as a member of the household where most of his meals are taken.

If questionable, verification of boarder status is to be made by obtaining a signed statement from the boarder and the person to whom the board is paid, attesting to the arrangement and the compensation provided.

- C. NONHOUSEHOLD MEMBERS (7 CFR 273.1(b))
- 1. The following individuals residing with the household will not be considered household members in determining eligibility or the benefit allotment.
 - a. Roomers: Individuals to whom a household furnishes lodging, but not meals, for compensation.
 - b. Boarders: Those who meet the boarder definition as given in Part VI.B.
 - c. Live-in attendants: Individuals who reside with a household to provide medical, housekeeping, childcare, or other similar personal services. To "reside with the household" means that the individual takes a majority of his meals in the home. Dependents of a live-in attendant will be considered as members of the live-in attendant's household. A person cannot be a live-in attendant in his own home.
 - d. Ineligible students: Students who are 18 years of age or older and enrolled at least half-time in an institution of higher education who fail to meet the special eligibility criteria set forth in Part VII.E.
 - e. Other individuals who share living quarters with the household but who do not customarily purchase food and prepare meals with the household.

Example

The applicant household shares living quarters with another family to save on rent, but does not purchase and prepare food together with that family. The members of the other family are not members of the applicant's household.

f. Children in foster care that the household has opted to exclude from the food stamp unit.

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PART X INCOME DEDUCTIONS

CHAPTER	SUBJECT	PAGES
Α.	 INCOME DEDUCTIONS Standard Deduction Earned Income Deduction Dependent Care Expense Shelter Expense Medical Expenses Allowable Expenses Disallowed Expenses Child Support Deduction Homeless Shelter Allowance 	1 1 2 2-7 7 7- 9 9 9
В.	VERIFICATION OF DEDUCTIONS	11

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A. INCOME DEDUCTIONS (7 CFR 273.9(d))

Financial eligibility of a household is based on gross or net income as described in Part XI.A. Benefit level is based on net income which is defined as the total of all countable income, both earned and unearned, after the appropriate allowable deductions have been made.

In evaluating expenses toward the calculation of the net income, the household is given credit only for expenses for which a money payment is made or due to someone outside the household. Except for Virginia Energy Assistance Program (fuel assistance) payments, deductions will not be allowed for expenses or the portion of expenses made through vendor payments or for which the household will be reimbursed. Participants of the Low-Income Home Energy Assistance Program (the Virginia Energy Assistance Program) are entitled to have actual utility expenses considered or to have the utility standard applied even if the expenses are covered by fuel assistance vendor payments but utility expenses reimbursed or paid through HUD or FmHA utility reimbursements are not deductible.

All households with income will be allowed the following deductions, if appropriate, in determining net income.

1. Standard Deduction (7 CFR 273.9(d)(1))

Each household is entitled to a standard deduction from the total gross income of the household. The amount of the deduction is dependent on the number of eligible household members. For the purpose of determining the standard deduction, household size will not include disqualified or ineligible members.

Household Size	Standard Deduction
1-4 members	\$134
5 members	\$153
6 or more members	\$175

2. Earned Income Deduction (7 CFR 273.9(d)(2))

Each household with countable earned income may have an earned income deduction. Twenty (20) percent of the countable gross earnings will be deducted.

The earned income deduction is not allowed on any portion of the earned income amount received through a work supplementation or support program that is attributable to public assistance benefits. The deduction is also not allowed when determining the amount overissued if the basis for the claim is because of the household's failure to report earned income timely.

3. Dependent Care Expense (7 CFR 273.9(d)(4))

This deductible expense is allowed only if necessary for a household member to accept or continue employment, seek employment, comply with employment and training requirements, or attend training or pursue education that is preparatory for employment. The expense may be incurred for the care of a child or other dependent.

The maximum dependent care deduction is \$200 per month for each child under two years of age and \$175 per month for each other dependent. The total dependent care expense for each dependent should be listed on the worksheet for evaluation but the amount used in the calculation will be limited to the maximum allowed.

Requirements for verification of dependent care expenses are in Parts III.A and E. Forms of acceptable verification include a signed statement from the provider, receipts signed by the provider, or statements from agencies or organizations assisting with child care expenses.

4. Shelter Expense (7 CFR 273.9(d)(5))

The cost of shelter will be considered after all other deductions have been determined. The allowable deduction for shelter may not exceed \$388. That portion of the monthly shelter costs that exceeds 50 percent of the household's adjusted net income will be a deduction but, not to exceed \$388 per month. The adjusted net income is determined by subtracting the standard deduction, earned income deduction, dependent care deduction, child support deduction, homeless shelter standard and medical deduction from the total gross income.

Households that contain a member who is 60 years of age or older, or who is disabled, as defined in Definitions, may receive an excess shelter deduction that exceeds the shelter maximum allowed for other households. These households will receive the actual amount that exceeds half the net income.

The agency must add together all expenses that are part of the cost of shelter, except food, to arrive at a total shelter cost figure. In determining the amount to use as the cost of shelter, the following expenses will count unless vendor payments (Part XI.F.3.) with the exception noted below in item e. cover the expenses. Note the special provisions in section 7 for assessing shelter costs for homeless households.

- a. Rent, or mortgage or loan payments or other continuing charges leading to ownership of a home, mobile home, or other type of shelter are allowable. This includes second and/or third mortgages and condominium or association fees. It includes the initial cost of moving a mobile home from a dealer to a lot, along with any set-up charges at the lot. For a subsequent move of a mobile home, only the set-up costs at the new lot are allowable. Costs incurred by a tenant in lieu of full or partial rent are allowable rental costs, provided the arrangement is with the mutual agreement of the landlord.
- b. Real estate taxes or personal property taxes on mobile homes are allowable. Taxes on the contents are not allowable.
- c. Insurance premiums on the home structure are allowable. Separate costs for insuring furniture or personal belongings, are not allowable. If insurance premiums on the home structure are combined with other costs that cannot be separated, the total premium is allowable.
- d. Repair costs that result from a fire or flood or a similar disaster are allowable provided the household will not receive reimbursement or assistance from some other source such as insurance, or private or public relief agencies. The disaster does not have to be a presidential declaration but can be personal, such as a fire damaging only one home.
- e. Utilities incurred separately and apart from the rent or mortgage cost are allowable. Actual direct utility costs may be used in determining shelter costs, even if the Virginia Energy Assistance Program covers the costs by a vendor payment.

In some situations the household may be entitled to use the utility standard as its utility expense, rather than its actual utility expenses.

A standard utility allowance has been established based on the number of persons in the residence. The standard includes an allowance for heat, electricity, gas, water, sewerage, septic tank maintenance fees, garbage collection and telephone. A household may use the standard utility allowance only if the household is responsible for a heating or cooling expense, or it receives Low Income Home Energy Assistance Program benefits.

Number of Persons 1 - 3 4 or more Utility Standard \$229 \$283 Multiple family units living in the same residence may have only one standard utility allowance for the residence, based on the total number of people in the residence. The agency must divide the one utility standard among the units that contribute to meeting heating or cooling costs, whether or not each unit participates in the Food Stamp Program. In these instances, each unit may use only its prorated share of the standard allowance, unless it uses its actual costs. The agency may not prorate the standard allowance if the nonhousehold members are all excluded from the household because they are ineligible to participate in the Food Stamp Program.

Example

A three-person food stamp unit lives in a house with another person. The food stamp unit and the other person each pay half of the heating costs. The food stamp unit's standard utility allowance is \$141.50, i.e. \$283 (based on total number of persons in the home being 4 or more) divided by 2 (the number of units contributing to heating costs). The food stamp unit may opt to use \$141.50 as its utility costs, or may use its actual utility expenses.

Only those households that receive Low Income Home Energy Assistance payments or that are responsible for an identifiable heating or cooling expense or an established percentage of an identifiable expense have the option of the utility standard. A cooling cost is a verifiable utility expense relating to the operation of air conditioning systems or room air conditioners. A heating cost is a verifiable utility expense for a primary fuel source.

Examples

- 1) The food stamp client pays for electricity that the household needs to operate the oil furnace. Other persons in the home buy oil. The food stamp client is not entitled to the standard since he has no expense for the primary fuel source. The actual electric bill is allowable since this is a direct utility expense.
- 2) A food stamp client cuts his own wood. This wood is free, but he incurs expenses of gas and oil for his chain saw. The household may not use the standard since the household does not incur an expense for the primary fuel source. The actual incidental expenses connected with obtaining the wood are not allowable since these are not direct utility expenses.

If a household incurs a utility expense such as electricity or gas that includes heating or cooling along with other uses, e.g., cooking or light, the utility standard may still be used. If the household does not incur a separate expense for heating or cooling, it is not entitled to the utility standard unless it receives Low Income Home Energy Assistance payments. Actual costs of utilities incurred by households not entitled to the utility standard are allowable expenses.

Households that have their utilities included in their rent, but who may, on occasion, have to pay an excess utility charge are not be allowed the use of the utility standard unless they receive Low Income Home Energy Assistance Payments. Households that receive HUD or FmHA payments may use the utility standard if they are responsible for utility costs beyond the HUD or FmHA payment. Households that pay a flat amount, not a percentage, for utilities to the homeowner instead of the utility vendor may not use the utility allowance. Actual or anticipated amounts for these utility charges are allowable.

If a household incurs a heating or cooling expense at any point during the year, or if such an expense is anticipated, or the household received a Low Income Home Energy Assistance payment during the period of time covered by the utility standard, or such a payment is anticipated, the utility standard may be used by the household for the full year.

Examples

- 1) A household buys oil twice a year in November and February to heat the home. This household is entitled to use the utility standard for the full twelve months of the year.
- 2) A household lives in an apartment where heat is included in the rent. The household, however, uses an air conditioner in the summer and is responsible for the electric bill for the apartment. Since a cooling expense is incurred, the household is entitled to use the utility standard for the full twelve months of the year.

Each household must receive a thorough explanation of the options available in considering utility expenses. The household may switch between use of the standard and actual costs only at the time of certification. If the household moves while certified, the household may switch from one to the other. If the household initially chose to use actual utility costs but the utility standard was allowed because

the household failed to verify the costs timely, the use of actual costs upon receipt of verification will not be allowed until recertification.

f. The utility standard includes the basic service fee for a telephone so a household that uses the utility standard may not also claim a separate telephone expense. For a household that uses actual utility expenses and who incurs an expense for a basic telephone service, or an established percentage of such an expense, the household must use a telephone standard of \$50, or the appropriate percentage of the standard.

The agency must divide the telephone standard among households sharing the expense. A telephone expense is allowable even if the household is not entitled to any other utility allowance.

Example

Two food stamp units live together and each pays half of the telephone bill. The bill includes charges for basic service. Each household will receive half the telephone standard as its telephone expense.

- g. Initial installation fees charged by a telephone, utility, or septic tank company are allowed as an expense, over and above the cost of the actual utility. Initial installation fees are allowable even if the utility or phone standards are used. The household may choose to have the installation bill averaged over the months in the certification period or to have the bill assigned to the month received or due. If a payment or budget plan has been established, the expense may be allowed for each month in the payment plan.
- h. One-time deposits for utilities, telephones, apartments, etc., will not count as shelter costs.
- i. Shelter expenses, as described above, include the costs for a home (owned or rented) that is temporarily unoccupied provided the household intends to return to the home. The home may be unoccupied because of employment, training, illness, or a natural disaster or loss. If the household has shelter expenses for both an occupied and unoccupied home, the household is entitled to only one utility or telephone standard.

The cost of shelter cannot be claimed if the vacated home is rented to someone else or if a rent-free occupant is claiming the cost of shelter for the home in question for food stamp purposes.

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j. Verification requirements for shelter expenses are covered in Parts III.A and E. Receipts or statements from the provider are sources of acceptable verification. For homes that are temporarily unoccupied, the local agency is not required to assist in obtaining verification of expenses if the verification would have to be obtained from a source outside the locality.

5. Medical Expenses (7 CFR 273.9(d)(3))

The total cost of medical expenses incurred by elderly or disabled household members, excluding special diets, will be allowed as a deduction for those households when the cost exceeds \$35 a month. If the cost is \$35 or less, no deduction will be allowed.

This \$35-limit applies to the entire household and is not applied individually to the expenses of members who may be entitled to a deduction. For example: a household that consists of two members, both over 60 years of age incurs medical expenses of \$20 a month for each person. The total monthly medical expense for this household is \$40. Subtract the \$35 limit from the total expenses of \$40. The household would receive a monthly medical deduction of \$5.

Persons who are 60 years of age or over or who are disabled as described in Definitions may be eligible for this deduction. An individual must be elderly or disabled when the medical expense is incurred.

Spouses or other persons receiving benefits as a dependent of the eligible individual are not entitled to this deduction.

a. Allowable expenses include:

- Medical and dental care including psychotherapy and rehabilitation services provided by a licensed practitioner authorized by State law or other qualified health professional.
- 2) Hospitalization or outpatient treatment, nursing care, and nursing home care. Costs for persons who were household members immediately prior to entering a State recognized facility (nursing home or hospital), will also be allowed.
- 3) Prescriptive drugs, when prescribed by a licensed practitioner, and other over-the-counter medication (including insulin, aspirin, antacids, etc.) which is approved by a licensed practitioner. Cost of medical supplies, sick room equipment (including rental) or other prescribed equipment.

- 4) Health and hospitalization insurance policy premiums. Costs of health and accident policies such as those payable in lump sum settlements for death or dismemberment are <u>not</u> allowed. Costs of income maintenance policies such as those that continue mortgage or loan payments while the beneficiary is disabled are also not deductible.
- 5) Medicare premiums related to coverage under Title XVIII of the Social Security Act and any cost-sharing or spend-down expenses incurred by Medicaid recipients.
- 6) Costs of dentures, hearing aids, and prosthetics.
- 7) Costs of securing and maintaining a Seeing Eye or hearing dog or other attendant animal as well as veterinarian bills and food for the animal.
- 8) Costs of eyeglasses prescribed by a physician skilled in eye disease or by an optometrist.
- 9) Reasonable costs of transportation and lodging to obtain medical treatment or services. Actual verified amounts may be used. If specific amounts cannot be verified, then the prevailing rate in the community or the state mileage allowance must be used.
- 10) Costs of maintaining an attendant, homemaker, home health aid, or child care services or housekeeper, necessary due to age, infirmity, or illness. In addition, an amount equal to the one-person benefit allotment must be deducted if the household furnishes more than half of the attendant's meals. The benefit allotment that is in effect at the time of initial certification will be used and the local agency is only required to update the allotment amount at the next recertification, if there has been an adjustment in coupon allotments.
 - If a household incurs attendant care costs, as defined above, that qualify as both a medical deduction and dependent care deduction, the local agency must treat the cost as a medical expense.
- 11) Telephone fees for amplifiers and warning signals for disabled persons and costs of typewriter equipment for the hearing impaired. (These costs may <u>not</u> be entered as shelter costs.)

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Approved Drug Discount Card, allow each beneficiary a medical deduction of \$73 per month for prescriptions in addition to other medical expenses. Use this deduction for food stamp benefit calculations through December 2005 if the household member obtains the card in 2005. Use the deduction for 24 months if the household member obtains the card in 2004, but no later than November 2006. In addition to the prescription allowance of \$73, allow any out-of-pocket costs incurred for prescriptions, using the costs before any applied discounts if they are known.

The above expenses are also allowable when incurred by a household member who is now deceased and which now are the responsibility of the remaining household members.

b. Disallowed Expenses:

Only those costs listed above will be considered as a medical expense. Any portion of the cost that is reimbursable by insurance policies or covered by Medicaid will not be given as a deduction until the household verifies the portion of the cost that is its responsibility.

Example

A household consists of one member who is 64 years old. This 64 year old incurs allowable medical expenses of \$200 a month. Insurance policies reimburse the household \$100 a month for the expenses. Disallowing the first \$35 a month, the monthly medical deduction for this household is \$65.

6. Child Support Deduction

Child support payments paid by a household member to an individual or agency outside the household are deductible. Payments to a third party on behalf of a child, including payments to obtain health insurance for the child, in accordance with the support order, will also be included in the deduction. A deduction for amounts paid toward arrearages will be allowed.

The legal obligation to pay child support, the amount of support obligated, and the amount of support actually paid must be verified before the deduction is allowed.

Alimony or spousal support payments made to or for a nonhousehold member shall not be included in the child support deduction.

7. Homeless Shelter Allowance

Households in which all members are homeless, as defined in Definitions, are allowed a deduction for incurred or estimated shelter expenses. The homeless shelter standard is \$143 per month. This standard is not calculated as part of the shelter expense deduction described in section 4 of this chapter.

To be eligible for the homeless shelter allowance, a household must incur or reasonably expect to incur shelter costs during a month. Homeless households that incur no shelter costs during the month and anticipate none are not be eligible for the shelter allowance.

If a household has difficulty in obtaining traditional types of verification of shelter costs, the EW must use prudent judgement in determining if verification is adequate.

Example

A homeless individual claims to have incurred shelter costs for several nights at a hotel. The costs reported are reasonable. The EW may accept this information as adequate and allow the household to use the shelter estimate.

No other shelter costs, including the utility standard or telephone standard, may be used if the homeless shelter allowance is used. The homeless shelter allowance also may not be used if the household claims shelter costs that exceed the allowance. Higher or other shelter costs must be handled as a part of the shelter expense deduction (Part X.A.4) in which case, the household may or may not receive an actual deduction.

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B. VERIFICATION OF DEDUCTIONS (7 CFR 273.2(f)(3))

If a deductible expense must be verified and obtaining the verification may delay the household's certification, the local agency must advise the household that the household's eligibility and benefit level may be determined without providing a deduction for the claimed but unverified expense. If the expense cannot be verified within 30 days of the date of application, the local agency must determine the household's eligibility and benefit level without providing a deduction for the unverified expense. If a household wants to claim actual utility costs but does not provide verification by the 30th day, the utility standard must be allowed if the household is entitled to it. The household is not entitled to restoration of lost benefits when expenses are not deducted because verification could not be obtained. If, however, the expense could not be verified within the thirty day processing standard because the local agency failed to allow the household at least 10 days to provide the verification, lost benefits must be restored.

If a household would be ineligible without a deductible expense, on the 30th day from the date that the initial application or reapplication was filed, the worker must send the household the Notice of Action to extend the pending status of the case. If the lack of verification is the fault of the household, the household will have an additional 30 days to take the required action. If eligible, the household is entitled to benefits only from the day the household provides the last verification or takes the last required action. (See Part II.G.2.). If the lack of verification is the fault of the agency, and the household is eligible, the household is entitled to benefits retroactive to the month of application. (See Part II.G.3.). If a recertification application is filed, verification time frames at recertification (Part IV.C.4.) shall apply and the ability to extend the pending status of the application is not allowed.

A. INCOME ELIGIBILITY STANDARDS (7 CFR 273.9(a))

To be eligible for Food Stamp benefits, the countable gross monthly income of households shall not exceed the monthly income limits shown below in Chart #1. The gross income limits of Chart #1 do not apply to households with a member who is 60 years of age or over (including a member whose 60th birthday is in the month of application), or to households with a member who is disabled, as defined in Definitions.

For the self-employed, the EW must first exclude the cost of doing business. For the student receiving educational benefits, the EW must first exclude allowable educational expenses as described in Part XII.G.

All households, except those that are categorically eligible, must be determined eligible based only on net income (gross income less allowable deductions listed in Part X.A). The maximum net income limits are shown in Chart #2.

	INCOME ELIGIBILITY LIMITS	
	CHART #1	CHART #2
Household Size	Gross Income Maximum	Net Income Maximum
1	\$ 1,009	\$ 776
2	1,354	1,041
3	1,698	1,306
4	2,043	1,571
5	2,387	1,836
6	2,732	2,101
7	3,076	2,366
8	3,421	2,631
Each additional member	+345	+265

Net income is the basis for the <u>allotment</u> for <u>all</u> households. While categorically eligible households, as defined in Part II.H.3, do not have to meet either the gross or net income eligibility standards, the net income limits are used to determine entitlement to an allotment even for these households.

B. COUNTABLE INCOME

Countable income is all household income, earned and unearned, from whatever source, excluding only that income specified in Part XI.F.

Income received by one person for another person or for multiple beneficiaries is considered the income of the person receiving it, unless the provisions of Part XI.G (earned income of several members combined into one payment) are applicable. Evaluate any income exclusions, such as third party fund exclusion, according to Part XI.F.

When verification of income is required, the local agency must verify gross amounts, and the rate and frequency (i.e., weekly, semi-monthly, etc.) of the income the employee receives. For income received more often than monthly, verify the payment cycle, i.e., the day the employee receives the income.

C. EARNED INCOME (7 CFR 273.9(b)(1)

Earned income includes:

1. Wages and Salaries

All wages and salaries for services performed as an employee. This includes wages held by an employer at the employee's request and advances on wages as discussed in Part XII.G Gross wages are considered, regardless of the amount and nature of the deductions, unless any portion of the gross pay is considered excludable under Part XI.F or unless the gross amount reflects credit for employee benefits. In situations where benefits are reflected as credits and where the employee cannot elect to receive a cash payment, the amounts shown on the pay stub will not count as income. If an employee elects to have money withheld from the earnings to pay for employee benefits, that money must be counted as income.

If the employer still considers the individual as an employee, consider vacation pay and sick pay as earned income. Additionally, for sick pay, the employer must make the payment directly in order to consider the money as earned income; otherwise, it is unearned income.

If the individual has terminated employment, accumulated vacation pay and sick pay are considered earned income if received in more than one installment, and a lump sum resource if received in one installment. Laid-off employees are terminated employees for the purposes of this policy. If a laid-off employee opts not to withdraw vacation and/or sick pay, the value of such funds counts an available resource.

Consider bonus pay as earned income.

Consider severance pay as unearned income.

2. Self-Employment Income

The gross income from a self-employment enterprise including the total gain from the sale of any capital goods or equipment related to the business, excluding the cost of doing business. (See Part XII.A.)

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Sale price \$1,000

Reported as gross $\frac{x}{50\%}$ Taxable income \$500

For Food Stamp purposes the entire proceeds, or \$1,000, would be included as gross income.

5. <u>Allowable Costs of Producing Self-Employment Income</u> (7 CFR 271.11(a)(4))

Allowable costs of producing self-employment income include, but are not limited to, the following:

- a. the identifiable costs of labor, stock, raw material, seed and fertilizer.
 - b. payments on the principal of the purchase price of income producing real estate and capital assets, equipment, machinery and other durable goods or on the principal for improvements to real estate.
- c interest paid to purchase income producing property, capital assets, equipment, machinery, and other durable goods.
- d. insurance premiums paid on income producing property.
- e. taxes paid on income producing property.
- f. costs of repairs to property needed for general maintenance.
- g. identifiable shelter costs needed for the business enterprise.

For households whose mortgage payments represent an investment in the household's residence as well as an investment in income producing property, the mortgage payment, interest, and taxes will be deductible only as part of the household's shelter costs and not as a cost of producing income. If the household can document, however, that costs on that portion of the home used in the self-employment enterprise are separate and identifiable, payments on the mortgage principal, taxes, interest, and other identifiable costs may be deducted as a cost of doing business.

6. Costs Not Allowed (7 CFR 273.11(a)(4)(ii))

The following items are $\underline{\text{not}}$ deductible as a cost of doing business:

- a. net losses from previous periods.
- b. federal, state, and local income taxes.

- c. money set aside for retirement purposes.
- d. other work related personal expenses, such as transportation to and from work.
- e. depreciation.

NOTE: "b", "c", and "d" are included in the 20% earned income deduction.

7. Allowable Costs of Producing Income for Day Care Providers

When day care is provided in the home of a member of one household to children other than those living in the same food stamp household, an allowance must be made for the cost of meals and snacks that are provided. The allowance is as follows, unless the provider documents actual costs that exceed these amounts:

Breakfast - \$1.04 per meal; Lunch or Supper - \$1.92 per meal; Snacks - \$.57 per meal.

Money paid to day care providers under Section 12 of the School Lunch Act to serve meals to children, other than their own, is countable. Allowable business costs, as described above, are given.

8. Net Loss from Farm or Fishing Operations (7 CFR 273.11(a)(2)(iii))

Self-employed farmers, as defined in Part XII.A.b, and self-employed fishermen may have a net loss once allowable costs of doing business are deducted from gross farm income. If the farmer or fisherman receives annual gross proceeds of \$1,000 or more from the farming or fishing enterprise, any net loss amount must be prorated over the year in the same manner used to prorate the farm or fishing income. Losses from farm or fishing self-employment enterprises are offset in two phases. The first phase is offsetting against non-farm/fishing self-employment income. The second phase is offsetting against the total of earned and unearned income. The gross income eligibility standard is applied after offsetting. The earned income deduction is based on wages and salaries, and any income from self-employment remaining after the first phase of offsetting.

9. Depreciation

Depreciation is not allowed as a cost of producing self-employment income for equipment, machinery or other capital investments necessary to the self-employment enterprise.

1. For federal, state, or local public assistance programs, such as TANF or GR, failure to comply will be determined to exist after it has been established that policy exemptions and good cause provisions, if appropriate, have not been met. Failure to comply may also be evidenced by a court conviction for a fraud conviction or a finding through the ADH process.

When TANF or GR benefits are decreased because of the household's failure to comply with that program's requirements, the food stamp allotment will be based on both the current amount of the TANF or GR check and the amount of the reduction or penalty. The penalty income must be counted as long as the reduced payment is received. If the PA case is closed, the penalty income must be counted in the food stamp calculation for a minimum of six months following the closure of the PA case or longer if the PA case remains under care.

Example

The agency reduced a household's TANF grant from \$291 to \$241 per month. The reduction occurred because of the household's failure to comply with the immunization requirements needed by TANF program rules. The TANF amount to be used for the Food Stamp Program is \$291.

The agency must evaluate acts of noncompliance with work program requirements where individuals or households must be sanctioned and apply the provisions of Part VIII.A.4 before applying the provisions of this chapter.

- 2. Social Security (OASDI) benefits, unemployment compensation and veteran's benefits are not means-tested programs. If reduced payments occur for these programs because of a failure to comply, the food stamp allotment will be based only on the current amount of the check(s).
- 3. HUD payments and SSI are publicly funded and means-tested programs. If reduced payments occur for these programs because of a failure to comply however, the food stamp allotment will be based only on the current amount of the check(s), to the extent the payment is counted as income for food stamp purposes.

E. DISQUALIFIED INDIVIDUALS: TREATMENT OF INCOME, RESOURCES AND DEDUCTIONS (7 CFR 273.11(c))

Individual household members may be disqualified from participating in the Food Stamp Program for a number of reasons. The reason for the disqualification must be assessed because of the different procedures for calculating the income to the remaining household members.

This chapter describes the procedures to be used to determine the eligibility and benefit level of the remaining household members.

1. Resources

The resources of the disqualified individual shall continue to count in their entirety to the remaining household members.

2. Income

- a. The earned or unearned income of an individual disqualified:
 - 1) for fraud, an intentional program violation;
 - 2) because of noncompliance with work registration;
 - 3) as a result of a Workfare, FSET, voluntary quit, or work reduction sanction;
 - 4) for fleeing prosecution or imprisonment or one who is violating terms for parole or probation; or
 - 5) as a result of a felony conviction involving controlled substances,

is counted in its entirety to the remaining household members.

- b. A pro rata share of the income of:
 - an individual disqualified for failure to obtain or refusal to provide a Social Security number;
 - 2) an ineligible alien;
 - 3) an individual whose U.S. citizenship is in question and for whom no verification has been provided, or
 - 4) an individual who is unable to participate further because of time-limited eligibility through the work requirement (Part XV),

A. CHANGES DURING THE CERTIFICATION PERIOD

When changes occur within the certification period that affect the household's eligibility or the amount of the benefit allotment, the agency must act to adjust the household's benefit level. The responsibility for changes lies with both the recipient household and the local agency. The household must report certain changes in income and household status; the local agency must act to make adjustments in entitlement and benefit level based on reported changes and for changes the agency initiates. Unless prohibited, certified households must file an Interim Report about their circumstances during the certification period.

1. Changes that Must Be Reported

Certified households must report the following changes in their circumstances:

- a. A new physical or mailing address.
- b. When the total income exceeds the gross income limit based on household size at the time of certification, the Interim Report evaluation, or a change reported during the certification period. The income limits are:

Household Size	Income Limits			
	Monthly	Weekly Amount	Bi-Weekly	Semi-monthly
	Amount	weenly immedite	Amount	Amount
1	\$1,009	\$234.65	\$ 469.30	\$ 504.50
2	1,354	314.88	629.77	677.00
3	1,698	394.88	789.77	849.00
4	2,043	475.11	950.23	1,021.50
5	2,387	555.11	1,110.23	1,193.50
6	2,732	635.35	1,270.70	1,366.00
7	3,076	715.35	1,430.70	1,538.00
8	3,421	795.58	1,591.16	1,710.50
Additional			_	
members	+ \$345	+ \$80.23	+ \$160.46	+ \$172.50

c. Persons exempt from time-limited benefits of the Work Requirement because they are working for an average of 20 hours per week must report when their work hours fall below 20 hours weekly.

Households that receive benefits through the Transitional Benefits component for former TANF recipients do not have to report changes except changes in their address.

Households must report the changes listed above within 10 calendar days from the date the household knows of the change or, at the

latest, 10 days into the next month after the month the change occurs. The 10-day reporting period will begin the day the household knows of the change. If the household is uncertain of the exact date or amount of the change, then the 10-day reporting period will begin the day the change occurs.

The household may report a change on the Change Report Form, by telephone, by personal contact, by mail, or electronically. The household may also report a change of its circumstances with the filing of the Interim Report. A household member, an authorized representative, or any person having knowledge of the household's circumstances may report the change to any staff member of the local agency. When the household reports the change by mail, the report will be timely as long as the postmark of the letter is within the required 10-day period regardless of when the local agency receives the information.

During the interview, the EW must advise an applicant of the responsibility to report changes within the required period and of the changes the household must report. The EW must provide the household the telephone number of the food stamp office and, if necessary, a toll-free number or a number for accepting collect calls from households outside the local calling area.

The local agency must provide the Change Report Form to each household at initial application and reapplication. Additionally, the local agency must provide the form at recertification, if the household needs another form, and whenever the household returns a form or reports a change in the number of household members. The EW must discuss use of the form with the household during the interview.

An applying household must report changes related to its Food Stamp eligibility and benefits at the certification interview. The household must report the changes noted at the beginning of this chapter that occur after the interview but before the date of the Notice of Action to approve the case within 10 days of the date of the approval notice.

2. Local Agency Action on Changes (7 CFR 273.12(c), 273.2(f))

Except when households receive Transitional Benefits for former TANF recipients, the agency must act promptly to terminate or to adjust benefits when changes in household circumstances are reported by recipient households, including information about an impending change reported at application/renewal. For Transitional Benefits cases, the EW must input changed information in ADAPT during the Transitional Benefits period but grant benefits in the frozen amount calculated when the TANF case closed by using the override feature of ADAPT. (See Part XII.H.)

transferring agency must wait a month before completing the transfer. The final assessment of the case must take place after the handling of postponed verifications for an expedited case or after the processing of the interim report. The final assessment of the case may take place as late as a month after the report of the move.

If the household reports changes in household circumstances, verification of the changed elements may be needed before the second month, by the next recertification, or for the Interim Report, depending on the impact of the changes on the allotment. Verification will be needed before the second month if the food stamp allotment will increase because of the reported changes. The transferring agency must notify the household on the Notice of Action that reflects the allotment change to provide the new verifications to the new agency. The transferring agency must also notify the receiving agency on the Case Record Transfer Form to obtain the verification or change the allotment back to the original amount.

The EW must complete the Case Record Transfer Form and forward it to the receiving agency. The transferring agency must transfer the entire case file. At its option, the agency may keep photocopied or other duplicates of case documents. The transferring agency may not keep any of the original documents from the case file except when the transferring and receiving agency both use the Ez-filer system or when there is an ongoing claims investigation in which case the agency may keep applicable case information and send a copy of the documents to the receiving agency or make arrangements to secure the necessary documents later from the receiving agency.

The EW must complete a *Notice of Transfer* form to notify the household of the transfer of the case. The EW must send the Notice of Transfer to the household along with a *Change Report* form.

The transferring agency must deliver the intact case file to the receiving agency by certified mail, by authorized courier service, or hand delivery by local agency personnel. The transferring agency must obtain a receipt for the case file from the receiving agency. Note: If the transferring and receiving agency both use the Ez-filer system, the transferring agency may send a compact disk of the case information if that is acceptable to the receiving agency. If the receiving agency does not use the Ez-filer system, the transferring agency must print the case information and send the documents to the receiving agency.

d. Case Transfer Process for the Receiving Agency

Within five days of receiving a case file transferred from another Virginia locality, the receiving agency must complete a desk review and determine the continued eligibility and benefit level of a case transferred to the agency. The receiving agency must contact the household to confirm the household's new address and any changes previously shared with the transferring agency if there are references to new eligibility elements that may have changed as a result of the move. The household is not required to report or verify any eligibility elements that may have changed as a result of the move beyond the mandatory reporting elements (i.e., income that exceeds the gross income level and number of work hours for persons whose benefits would be time-limited).

The receiving agency will be responsible for all future processes related to the transferred case, including such actions as but not limited to, sending the *Notice of Expiration* for the end of the certification period, receiving applications for continued benefits, establishing claims or providing restoration, or responding to quality assurance or hearing officer requests.

B. INTERIM REPORT FILING

All households must file an Interim Report by the sixth month of the certification period unless they are exempt from filing as noted below. Household composition and financial circumstances at the time of application will be the basis of the food stamp benefit amount for the first half of the certification period unless the household reports a change during the certification period. The household composition and financial circumstances reported on the Interim Report will be the basis of the food stamp benefit amount for the remainder of the certification period unless the household reports additional changes after filing the Interim Report.

1. Exemption from Filing

- a. Households in which there is no earned income and where all adult members are 60 years of age or older or in which all adult members are permanently disabled, as reflected by the receipt of disability income. See Definitions.
- b. Households in which all members are homeless, as defined in Definitions.

- 1. All adult members of the household are dead and there are no plans by the local agency to pursue collection from the estate; or
- 2. A claim has an outstanding balance of \$25 or less and no payment has been made for 90 days or more; or
- 3. No payments have been received in three years and the claim has not been referred to TOP; or
- 4. The household cannot be located, unless the claim has been referred to TOP. If the claim has been referred to TOP, the local agency may keep the claim active until the claim meets criteria #3, listed above; or
- 5. A claim has been discharged through bankruptcy; or
- 6. A claim has been transferred to another state for collection.

A claim against a <u>participating or a non-participating household</u> must also be terminated if there is insufficient information or documentation to substantiate that the claim was properly established or to determine the correctness of the balance due. Properly established means that an initial demand letter was mailed or a court ordered repayment.

The local agency must document the reason for the termination.

L. INVALID CLAIMS

A claim found to be invalid through a fair hearing, the ADH process, a court determination, or discovered as erroneously established by the State or local agency, must be deleted from the claims tracking system.

- M. IPV DISQUALIFICATION PENALTIES (7 CFR 273.16(b))
- 1. IPV Penalties

Individuals found to have committed an IPV, either by a court of appropriate jurisdiction or by an ADH or, who waived their right to an ADH, are ineligible to participate in the Food Stamp Program for:

- a. One year for the first violation;
- b. Two years for the second violation; and,
- c. Permanently for the third violation.

d. Ten years for a determination that fraudulent statements or representations of identity or residency were made to receive benefits in more than one household at the same time. The ten-year penalty does not apply when a household fails to report a move to the agency at a former address.

An individual may receive more than one IPV by violating two or more unrelated program rules, such as change reporting and trafficking, during the same time period.

In addition to these disqualification penalties, individuals may be disqualified from the program for other program violations. Individuals will be disqualified for two years for a finding by a court that they used food stamps to purchase illegal drugs. A second court finding regarding these purchases will result in permanent disqualification from the program.

Individuals will be permanently disqualified from the program based on a court finding that food stamps were used to purchase firearms, ammunition, or explosives, even if it is the first such finding.

A conviction of trafficking in food stamps of \$500 or more will also result in the permanent disqualification of the individual.

2. Reporting Procedures (7 CFR 273.16(i))

Local agencies will use the Disqualified Recipient Report (DRR) to report information concerning individuals disqualified for an IPV. The disqualification may be based on an ADH, a conviction by a court of appropriate jurisdiction, or a waiver to an ADH. The DRR must be completed even for actions for which a claim is not established.

The completed DRR must be sent to:

Virginia Department of Social Services Fraud Management
7 North Eighth Street
Richmond, VA 23219-3301

The DRR is to be submitted so that it is received within 20 days of the effective date of disqualification. The data from the DRR will be transmitted by the State to the Disqualified Recipient Subsystem (DRS).

In cases where the disqualification for IPV is reversed by a court of appropriate jurisdiction, or was submitted in error, the agency must submit a revised DRR to delete the information relating to the disqualification.

- 1. Decisions that result in an increase in household benefits must be reflected in the benefit amount within 10 days of the receipt of the hearing decision, even if the local agency must provide a supplementary allotment or otherwise provide the household with an opportunity to obtain the allotment outside of the normal issuance cycle. The local agency may take longer than 10 days if it elects to make the decision effective in the household's normal cycle, provided that the issuance will occur within 60 days from the household's request for the hearing.
- 2. Decisions that result in a decrease in household benefits must be reflected in the next scheduled issuance following receipt of the hearing decision. No additional notice to the household is needed.
- 3. When the decision of the hearing officer or Commissioner, as appropriate, determines that a household has been improperly denied program benefits or as been issued a smaller allotment than it was due, lost benefits must be provided to the household in accordance with Part XVI.A.
- 4. When the decision of the hearing officer or Commissioner, as appropriate, upholds the local agency's action, a claim against the household must be prepared in accordance with Part XVII.A for any overissuances.
- O. INTRODUCTION TO ADMINISTRATIVE DISQUALIFICATION HEARINGS (ADH) (7 CFR 273.16(e))

An Administrative Disqualification Hearing (ADH) is an impartial review by a hearing officer of a household member's actions involving an alleged intentional program violation (IPV) for the purpose of rendering a decision of guilty or not guilty of committing an IPV.

In order to request an ADH, there must be clear and convincing evidence that demonstrates that a household member committed or intended to commit an IPV as described in Definitions. Examples of evidence include, but are not limited to, the following:

- 1. Written verification of unreported income or resources received by the household;
- Verification that the household understands its reporting requirements by its signature under the rights and responsibilities section of the application or on some other form;
- 3. An application or change report form submitted during the period the IPV is alleged to have occurred which omits the information in question;
- 4. Documented contacts with the household during the period the IPV is

alleged to have occurred in which the household failed to report information in response to agency queries about household circumstances.

Each example noted above does not have to be presented to document intentionality however it is likely that such deliberateness can only be shown through the presentation of more than one of these evidence examples.

P. INITIATION OF AN ADH

The local agency must ensure that the evidence against the household member alleged to have committed the IPV is reviewed by either an Eligibility Supervisor or Agency Director/Superintendent for purposes of certifying that such evidence warrants a referral for an ADH.

Prior to submitting the Referral for Administrative Disqualification Hearing to the State Hearing Authority, the local agency must provide the forms, Notification of Intentional Program Violation and Waiver of Administrative Disqualification Hearing and the "Administrative Disqualification Hearings" pamphlet to the household member suspected of the IPV. To determine the appropriate disqualification period for the notification form, the agency must access the Disqualified Recipient Subsystem (DRS) data to determine the number of prior disqualifications an individual may have. The DRS information about prior disqualifications must be verified before deciding on the length of the penalty. See Part XVII.M.2 for additional information about DRS.

The waiver must be returned to the agency within 10 days from the date notification is sent to the household in order to avoid submission of the referral of ADH. If a signed waiver is received, no ADH is conducted and the disqualification period is imposed in accordance with policy at Part XVII.M.1. A copy of the signed waiver is to be sent, for federal reporting purposes, to:

Fraud Management

Virginia Department of Social Services 7 North Eighth Street Richmond, VA 23219-3301

If no waiver to the ADH is received within 10 days, the local agency must submit the Referral for Administrative Disqualification Hearing to the Hearings Manager. The form must include the following information:

- 1. Identifying Information as requested at the top of the form
- 2. Summary of the Allegation(s)
- 3. Summary of the Evidence
- 4. Copies of documents supporting the allegation.

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PART XX DISASTER FOOD STAMP PROGRAM - RESERVED FOR FUTURE USE

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PART XXIII BENEFIT ALLOTMENTS

CHAPTER	SUBJECT	PAGES
A. CALCULATING	BENEFIT ALLOTMENTS	1
B. BENEFIT ALLO	TMENT TABLES	1-33

A. CALCULATING BENEFIT ALLOTMENTS

The tables on the following pages show the appropriate benefits for household sizes 1 through 10.

For household sizes 1 and 2, \$10 is the minimum allotment for all eligible households, including PA categorically eligible households. The maximum monthly net income does not apply to categorically eligible households however.

For household sizes 3 through 10, the allotment tables are calculated from the maximum benefit allotment to the \$2 minimum allotment. NOTE: ONLY PA CATEGORICALLY ELIGIBLE HOUSEHOLDS ARE ELIGIBLE FOR ALLOTMENTS WHERE THE HOUSEHOLD'S NET INCOME EXCEEDS THE NET INCOME MAXIMUM. For example, for a 4-person household, the maximum net income is \$1,571. The allotment offered at that level of income is \$27. The rest of the allotment table, from the net income of \$1,572 through \$1,660, the last income figure, for which an allotment is available, applies to PA categorically eligible households only.

To calculate issuances to households of more than ten persons, use the following formula:

- 1. <u>Maximum Benefit Allotment</u>. If there are more than ten household members, add **\$112** to the monthly maximum benefit allotment.
- 2. <u>Maximum Monthly Net Income</u>. If there are more than ten household members, add \$265 to the monthly maximum net income. <u>NOTE</u>:

 Maximum monthly net income limits do not apply to PA categorically eligible households.

There will be occasions when a household is entitled to an allotment of \$1, \$3, or \$5. This can occur when a supplement, replacement or restoration is given, or when an allotment reduction calculation results in entitlement to \$1, \$3, or \$5. Raise allotments of \$1, \$3 or \$5 to the next dollar amount, namely \$2, \$4 or \$6 respectively.

	HLY N	ΙΕΤ	ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
0	_	0	149	274	393	499	592	711	786	898	1010	1122
1	_	3	148	273	392	498	591	710	785	897	1009	1121
4	_	6	147	272	391	497	590	709	784	896	1008	1120
7	-	10	146	271	390	496	589	708	783	895	1007	1119
11	-	13	145	270	389	495	588	707	782	894	1006	1118
14	-	16	144	269	388	494	587	706	781	893	1005	1117
17	-	20	143	268	387	493	586	705	780	892	1004	1116
21	-	23	142	267	386	492	585	704	779	891	1003	1115
24	-	26	141	266	385	491	584	703	778	890	1002	1114
27	_	30	140	265	384	490	583	702	777	889	1001	1113
31	_	33	139	264	383	489	582	701	776	888	1000	1112
34	-	36	138	263	382	488	581	700	775	887	999	1111
37	-	40	137	262	381	487	580	699	774	886	998	1110
41	-	43	136	261	380	486	579	698	773	885	997	1109
44	-	46	135	260	379	485	578	697	772	884	996	1108
47	_	50	134	259	378	484	577	696	771	883	995	1107
51	-	53	133	258	377	483	576	695	770	882	994	1106
54	-	56	132	257	376	482	575	694	769	881	993	1105
57	_	60	131	256	375	481	574	693	768	880	992	1104
61	_	63	130	255	374	480	573	692	767	879	991	1103
64	-	66	129	254	373	479	572	691	766	878	990	1102
67	-	70	128	253	372	478	571	690	765	877	989	1101
71	-	73	127	252	371	477	570	689	764	876	988	1100
74	-	76	126	251	370	476	569	688	763	875	987	1099
77	-	80	125	250	369	475	568	687	762	874	986	1098
81	-	83	124	249	368	474	567	686	761	873	985	1097
84	-	86	123	248	367	473	566	685	760	872	984	1096
87	-	90	122	247	366	472	565	684	759	871	983	1095
91	-	93	121	246	365	471	564	683	758	870	982	1094
94	_	96	120	245	364	470	563	682	757	869	981	1093
97	-	100	119	244	363	469	562	681	756	868	980	1092
101	-	103	118	243	362	468	561	680	755	867	979	1091
104	-	106	117	242	361	467	560	679	754	866	978	1090
107	-	110	116	241	360	466	559	678	753	865	977	1089
111	-	113	115	240	359	465	558	677	752	864	976	1088

	THLY I		ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
114	-	116	114	239	358	464	557	676	751	863	975	1087
117	_	120	113	238	357	463	556	675	750	862	974	1086
121	_	123	112	237	356	462	555	674	749	861	973	1085
124	_	126	111	236	355	461	554	673	748	860	972	1083
124	-	130	110	235	353 354	460	553	672	748 747	859	972 971	1084
12/	-	130	110	233	334	400	333	072	/4/	839	9/1	1083
131	-	133	109	234	353	459	552	671	746	858	970	1082
134	-	136	108	233	352	458	551	670	745	857	969	1081
137	-	140	107	232	351	457	550	669	744	856	968	1080
141	-	143	106	231	350	456	549	668	743	855	967	1079
144	-	146	105	230	349	455	548	667	742	854	966	1078
147	_	150	104	229	348	454	547	666	741	853	965	1077
151	_	153	103	228	347	453	546	665	740	852	964	1076
154	_	156	102	227	346	452	545	664	739	851	963	1075
157	_	160	101	226	345	451	544	663	738	850	962	1074
161	_	163	100	225	344	450	543	662	737	849	961	1073
101	_	103	100	223	344	430	343	002	737	047	701	1073
164	-	166	99	224	343	449	542	661	736	848	960	1072
167	-	170	98	223	342	448	541	660	735	847	959	1071
171	-	173	97	222	341	447	540	659	734	846	958	1070
174	-	176	96	221	340	446	539	658	733	845	957	1069
177	-	180	95	220	339	445	538	657	732	844	956	1068
181	-	183	94	219	338	444	537	656	731	843	955	1067
184	-	186	93	218	337	443	536	655	730	842	954	1066
187	-	190	92	217	336	442	535	654	729	841	953	1065
191	-	193	91	216	335	441	534	653	728	840	952	1064
194	-	196	90	215	334	440	533	652	727	839	951	1063
105		200	00	21.4	222	420	522	651	72.6	020	0.50	10.60
197	-	200	89	214	333	439	532	651	726	838	950	1062
201	-	203	88	213	332	438	531	650	725	837	949	1061
204	-	206	87	212	331	437	530	649	724	836	948	1060
207	-	210	86	211	330	436	529	648	723	835	947	1059
211	-	213	85	210	329	435	528	647	722	834	946	1058
214	_	216	84	209	328	434	527	646	721	833	945	1057
217	_	220	83	208	327	433	526	645	720	832	944	1056
221	-	223	82	207	326	432	525	644	719	831	943	1055
224		226	81	206	325	432	523 524	643	719	830	943	1055
224	-	230	80	205	323 324	431	524 523	643 642	718 717	830 829	942 941	1054
221	-	230	80	203	324	430	323	042	/1/	829	941	1033

	THLY I		ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
231	-	233	79	204	323	429	522	641	716	828	940	1052
234	_	236	78	203	322	428	521	640	715	827	939	1052
237	_	240	78 77	202	321	427	520	639	714	826	938	1050
241	_	243	76	201	320	426	519	638	713	825	937	1049
244		243	76 75	200	319	425	519	637	713	823 824	937	1049
244	-	240	73	200	319	423	318	037	/12	824	930	1048
247	-	250	74	199	318	424	517	636	711	823	935	1047
251	-	253	73	198	317	423	516	635	710	822	934	1046
254	-	256	72	197	316	422	515	634	709	821	933	1045
257	-	260	71	196	315	421	514	633	708	820	932	1044
261	-	263	70	195	314	420	513	632	707	819	931	1043
264	_	266	69	194	313	419	512	631	706	818	930	1042
267	_	270	68	193	312	418	511	630	705	817	929	1041
271	_	273	67	192	311	417	510	629	704	816	928	1040
274	_	276	66	191	310	416	509	628	703	815	927	1039
277	_	280	65	190	309	415	508	627	702	814	926	1038
211	_	200	03	170	307	415	300	027	702	014	720	1030
281	-	283	64	189	308	414	507	626	701	813	925	1037
284	-	286	63	188	307	413	506	625	700	812	924	1036
287	-	290	62	187	306	412	505	624	699	811	923	1035
291	-	293	61	186	305	411	504	623	698	810	922	1034
294	-	296	60	185	304	410	503	622	697	809	921	1033
297	-	300	59	184	303	409	502	621	696	808	920	1032
301	-	303	58	183	302	408	501	620	695	807	919	1031
304	-	306	57	182	301	407	500	619	694	806	918	1030
307	-	310	56	181	300	406	499	618	693	805	917	1029
311	-	313	55	180	299	405	498	617	692	804	916	1028
314	-	316	54	179	298	404	497	616	691	803	915	1027
317	-	320	53	178	297	403	496	615	690	802	914	1026
321	-	323	52	177	296	402	495	614	689	801	913	1025
324	-	326	51	176	295	401	494	613	688	800	912	1024
327	-	330	50	175	294	400	493	612	687	799	911	1023
221		222	40	174	202	200	402	(11	686	700	010	1022
331	-	333	49	174	293	399	492	611	686	798 707	910	1022
334	-	336	48	173	292	398	491	610	685	797	909	1021
337	-	340	47	172	291	397	490	609	684	796	908	1020
341	-	343	46	171	290	396	489	608	683	795	907	1019
344	-	346	45	170	289	395	488	607	682	794	906	1018

	THLY I		ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
347	-	350	44	169	288	394	487	606	681	793	905	1017
351		353	43	168	287	394	486	605	680	793 792	903	1017
	-								679			
354	-	356	42	167	286	392	485	604		791	903	1015
357	-	360	41	166	285	391	484	603	678	790	902	1014
361	-	363	40	165	284	390	483	602	677	789	901	1013
364	-	366	39	164	283	389	482	601	676	788	900	1012
367	-	370	38	163	282	388	481	600	675	787	899	1011
371	-	373	37	162	281	387	480	599	674	786	898	1010
374	-	376	36	161	280	386	479	598	673	785	897	1009
377	-	380	35	160	279	385	478	597	672	784	896	1008
381	_	383	34	159	278	384	477	596	671	783	895	1007
384	_	386	33	158	277	383	476	595	670	782	894	1006
387	_	390	32	157	276	382	475	594	669	781	893	1005
391	_	393	31	156	275	381	474	593	668	780	892	1004
394	-	396	30	155	274	380	473	592	667	779	891	1003
397	_	400	29	154	273	379	472	591	666	778	890	1002
401	_	403	28	153	272	378	471	590	665	777	889	1002
404	_	406	27	152	271	377	470	589	664	776	888	1000
407	_	410	26	151	270	376	469	588	663	775	887	999
411	-	413	25	150	269	375	468	587	662	774	886	998
411	-	413	23	130	209	313	408	367	002	//4	000	990
414	-	416	24	149	268	374	467	586	661	773	885	997
417	-	420	23	148	267	373	466	585	660	772	884	996
421	-	423	22	147	266	372	465	584	659	771	883	995
424	-	426	21	146	265	371	464	583	658	770	882	994
427	-	430	20	145	264	370	463	582	657	769	881	993
431	_	433	19	144	263	369	462	581	656	768	880	992
434	_	436	18	143	262	368	461	580	655	767	879	991
437	_	440	17	142	261	367	460	579	654	766	878	990
441	_	443	16	141	260	366	459	578	653	765	877	989
444	-	446	15	140	259	365	458	577	652	764	876	988
444	-	440	13	140	239	303	438	377	032	704	8/0	900
447	-	450	14	139	258	364	457	576	651	763	875	987
451	-	453	13	138	257	363	456	575	650	762	874	986
454	-	456	12	137	256	362	455	574	649	761	873	985
457	-	460	11	136	255	361	454	573	648	760	872	984
461	-	463	10	135	254	360	453	572	647	759	871	983

	THLY I		ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
464	-	466	10	134	253	359	452	571	646	758	870	982
467	_	470	10	133	252	358	451	570	645	757	869	981
471	_	473	10	132	251	357	450	569	644	756	868	980
474	_	476	10	131	250	356	449	568	643	755	867	979
474		480	10	130	249	355	448	567	642	754	866	979
4//	-	460	10	130	249	333	448	307	042	/34	800	978
481	-	483	10	129	248	354	447	566	641	753	865	977
484	-	486	10	128	247	353	446	565	640	752	864	976
487	-	490	10	127	246	352	445	564	639	751	863	975
491	-	493	10	126	245	351	444	563	638	750	862	974
494	-	496	10	125	244	350	443	562	637	749	861	973
497	_	500	10	124	243	349	442	561	636	748	860	972
501	-	503	10	123	243	348	441	560	635	747	859	971
504	-	506	10	123	241	347	440	559	634	746	858	970
507	-	510	10	121	240	346	439	558	633	745 745	857	969
511	-	513	10	120	239	345	438	557	632	744	856	968
514	-	516	10	119	238	344	437	556	631	743	855	967
517	-	520	10	118	237	343	436	555	630	742	854	966
521	-	523	10	117	236	342	435	554	629	741	853	965
524	-	526	10	116	235	341	434	553	628	740	852	964
527	-	530	10	115	234	340	433	552	627	739	851	963
531		533	10	114	233	339	432	551	626	738	850	962
534	-	536	10	113	233	339	432	550	625	738 737	830 849	962 961
	-	540	10									960
537 541	-	543	10	112	231	337	430	549	624	736 735	848 847	
	-			111	230	336	429	548	623			959
544	-	546	10	110	229	335	428	547	622	734	846	958
547	-	550	10	109	228	334	427	546	621	733	845	957
551	-	553	10	108	227	333	426	545	620	732	844	956
554	-	556	10	107	226	332	425	544	619	731	843	955
557	-	560	10	106	225	331	424	543	618	730	842	954
561	-	563	10	105	224	330	423	542	617	729	841	953
561		500	10	104	222	220	422	<i>5 4</i> 1	(1(720	0.40	052
564	-	566	10	104	223	329	422	541	616	728 727	840	952
567	-	570	10	103	222	328	421	540	615	727	839	951
571	-	573	10	102	221	327	420	539	614	726	838	950
574	-	576	10	101	220	326	419	538	613	725	837	949
577	-	580	10	100	219	325	418	537	612	724	836	948

	THLY I		ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
581	-	583	10	99	218	324	417	536	611	723	835	947
584	_	586	10	98	217	323	416	535	610	722	834	946
587	_	590	10	97	216	322	415	534	609	721	833	945
591	_	593	10	96	215	321	414	533	608	720	832	944
594	-	596	10	95 95	214	320	413	532	607	719	831	943
394	-	390	10	93	214	320	413	332	007	/19	831	943
597	_	600	10	94	213	319	412	531	606	718	830	942
601	-	603	10	93	212	318	411	530	605	717	829	941
604	-	606	10	92	211	317	410	529	604	716	828	940
607	_	610	10	91	210	316	409	528	603	715	827	939
611	_	613	10	90	209	315	408	527	602	714	826	938
614	-	616	10	89	208	314	407	526	601	713	825	937
617	-	620	10	88	207	313	406	525	600	712	824	936
621	-	623	10	87	206	312	405	524	599	711	823	935
624	-	626	10	86	205	311	404	523	598	710	822	934
627	-	630	10	85	204	310	403	522	597	709	821	933
621		(22	10	0.4	202	200	402	501	506	700	020	022
631	-	633	10	84	203	309	402	521	596	708	820	932
634	-	636	10	83	202	308	401	520	595	707	819	931
637	-	640	10	82	201	307	400	519	594	706	818	930
641	-	643	10	81	200	306	399	518	593	705	817	929
644	-	646	10	80	199	305	398	517	592	704	816	928
647	_	650	10	79	198	304	397	516	591	703	815	927
651	_	653	10	78	197	303	396	515	590	702	814	926
654	_	656	10	78 77	196	302	395	514	589	701	813	925
657	-	660	10	76	195	301	393 394	513	588	700	813	923 924
661	-	663	10	76 75	193	300	393	512	587	699	812	924
001	-	003	10	73	194	300	393	312	367	099	811	923
664	_	666	10	74	193	299	392	511	586	698	810	922
667	-	670	10	73	192	298	391	510	585	697	809	921
671	_	673	10	72	191	297	390	509	584	696	808	920
674	_	676	10	71	190	296	389	508	583	695	807	919
677	_	680	10	70	189	295	388	507	582	694	806	918
077		230	10	, 0	-07		200	207	202	٧,١	550	,10
681	-	683	10	69	188	294	387	506	581	693	805	917
684	-	686	10	98	187	293	386	505	580	692	804	916
687	-	690	10	67	186	292	385	504	579	691	803	915
691	-	693	10	66	185	291	384	503	578	690	802	914
694	-	696	10	65	184	290	383	502	577	689	801	913

	THLY		ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
697		700	10	64	183	289	382	501	576	688	800	912
	-				182	289	381		575		799	912
701	-	703	10	63				500		687		
704	-	706	10	62	181	287	380	499	574	686	798	910
707	-	710	10	61	180	286	379	498	573	685	797	909
711	-	713	10	60	179	285	378	497	572	684	796	908
714	-	716	10	59	178	284	377	496	571	683	795	907
717	-	720	10	58	177	283	376	495	570	682	794	906
721	-	723	10	57	176	282	375	494	569	681	793	905
724	-	726	10	56	175	281	374	493	568	680	792	904
727	-	730	10	55	174	280	373	492	567	679	791	903
731	_	733	10	54	173	279	372	491	566	678	790	902
734	_	736	10	53	172	278	371	490	565	677	789	901
737	_	740	10	52	171	277	370	489	564	676	788	900
741	_	743	10	51	170	276	369	488	563	675	787	899
744	_	746	10	50	169	275	368	487	562	674	786	898
/ 44	-	740	10	30	109	213	308	467	302	0/4	780	090
747	-	750	10	49	168	274	367	486	561	673	785	897
751	-	753	10	48	167	273	366	485	560	672	784	896
754	_	756	10	47	166	272	365	484	559	671	783	895
757	_	760	10	46	165	271	364	483	558	670	782	894
761	_	763	10	45	164	270	363	482	557	669	781	893
701			10	73				402	331			
764	-	766	10	44	163	269	362	481	556	668	780	892
767	-	770	10	43	162	268	361	480	555	667	779	891
771	-	773	10	42	161	267	360	479	554	666	778	890
774	-	776*	10*	41	160	266	359	478	553	665	777	889
777	_	780	10	40	159	265	358	477	552	664	776	888
781	-	783	10	39	158	264	357	476	551	663	775	887
784	-	786	10	38	157	263	356	475	550	662	774	886
787	-	790	10	37	156	262	355	474	549	661	773	885
791	-	793	10	36	155	261	354	473	548	660	772	884
794	-	796	10	35	154	260	353	472	547	659	771	883
797	_	800	10	34	153	259	352	471	546	658	770	882
801	_	803	10	33	152	258	351	470	545	657	769	881
804	_	806	10	32	151	257	350	469	544	656	768	880
807	-	810	10	31	150	256	349	468	543	655	767	879
811	-	813	10	30	149	255	349	467	543 542	654	767 766	879 878
				30	149	233	340	407	342	034	/00	0/0
*Net	Income	e Limit	\$776									

	THLY I		ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
814	-	816	10	29	148	254	347	466	541	653	765	877
817	_	820	10	28	147	253	346	465	540	652	764	876
821	_	823	10	27	146	252	345	464	539	651	763	875
824	_	826	10	26	145	251	344	463	538	650	762	874
827	-	830	10	25	143	250	343	462	537	649	762 761	873
827	-	830	10	23	144	230	343	402	337	049	/01	8/3
831	-	833	10	24	143	249	342	461	536	648	760	872
834	-	836	10	23	142	248	341	460	535	647	759	871
837	-	840	10	22	141	247	340	459	534	646	758	870
841	-	843	10	21	140	246	339	458	533	645	757	869
844	-	846	10	20	139	245	338	457	532	644	756	868
847	-	850	10	19	138	244	337	456	531	643	755	867
851	-	853	10	18	137	243	336	455	530	642	754	866
854	-	856	10	17	136	242	335	454	529	641	753	865
857	-	860	10	16	135	241	334	453	528	640	752	864
861	-	863	10	15	134	240	333	452	527	639	751	863
864	-	866	10	14	133	239	332	451	526	638	750	862
867	-	870	10	13	132	238	331	450	525	637	749	861
871	-	873	10	12	131	237	330	449	524	636	748	860
874	-	876	10	11	130	236	329	448	523	635	747	859
877	-	880	10	10	129	235	328	447	522	634	746	858
881	_	883	10	10	128	234	327	446	521	633	745	857
884	_	886	10	10	127	233	326	445	520	632	744	856
887	_	890	10	10	126	232	325	444	519	631	743	855
891	_	893	10	10	125	231	324	443	518	630	742	854
894	_	896	10	10	124	230	323	442	517	629	741	853
074	_	670	10	10	124	230	323	772	317	02)	/ 41	633
897	_	900	10	10	123	229	322	441	516	628	740	852
901	-	903	10	10	122	228	321	440	515	627	739	851
904	-	906	10	10	121	227	320	439	514	626	738	850
907	_	910	10	10	120	226	319	438	513	625	737	849
911	_	913	10	10	119	225	318	437	512	624	736	848
	-			- •								
914	-	916	10	10	118	224	317	436	511	623	735	847
917	-	920	10	10	117	223	316	435	510	622	734	846
921	-	923	10	10	116	222	315	434	509	621	733	845
924	-	926	10	10	115	221	314	433	508	620	732	844
927	-	930	10	10	114	220	313	432	507	619	731	843

	THLY		ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
931	-	933	10	10	113	219	312	431	506	618	730	842
931	-	936	10	10	113	219	312	431	505	617	730 729	841
934	-	940	10	10	111	217	310	429	504	616	728	840
937 941		940	10		111	217	309	429	503			839
	-			10						615	727	
944	-	946	10	10	109	215	308	427	502	614	726	838
947	-	950	10	10	108	214	307	426	501	613	725	837
951	-	953	10	10	107	213	306	425	500	612	724	836
954	-	956	10	10	106	212	305	424	499	611	723	835
957	-	960	10	10	105	211	304	423	498	610	722	834
961	-	963	10	10	104	210	303	422	497	609	721	833
964	_	966	10	10	103	209	302	421	496	608	720	832
967	-	970	10	10	102	208	301	420	495	607	719	831
971	_	973	10	10	101	207	300	419	494	606	718	830
974	_	976	10	10	100	206	299	418	493	605	717	829
977	-	980	10	10	99	205	298	417	492	604	716	828
981	-	983	10	10	98	204	297	416	491	603	715	827
984	-	986	10	10	97	203	296	415	490	602	714	826
987	-	990	10	10	96	202	295	414	489	601	713	825
991	-	993	10	10	95	201	294	413	488	600	712	824
994	-	996	10	10	94	200	293	412	487	599	711	823
997	_	1000	10	10	93	199	292	411	486	598	710	822
1001	-	1003	10	10	92	198	291	410	485	597	709	821
1004	_	1006	10	10	91	197	290	409	484	596	708	820
1007	_	1010	10	10	90	196	289	408	483	595	707	819
1011	-	1013	10	10	89	195	288	407	482	594	706	818
1014	_	1016	10	10	88	194	287	406	481	593	705	817
		1010			87					592	703 704	816
1017	-		10 10	10		193	286	405	480 479	592 591		
1021	-	1023		10	86	192	285	404			703	815
1024	-	1026	10	10	85	191	284	403	478	590	702	814
1027	-	1030	10	10	84	190	283	402	477	589	701	813
1031	-	1033	10	10	83	189	282	401	476	588	700	812
1034	-	1036	10	10	82	188	281	400	475	587	699	811
1037	-	1040	10	10	81	187	280	399	474	586	698	810
1041	-	1043*	10	10*	80	186	279	398	473	585	697	809
1044	-	1046	10	10	79	185	278	397	472	584	696	808
*Net	Income			\$1,041								

	THLY I		ONE	TWO	THREE	FOUR	FIVE	SIX	SEVEN	EIGHT	NINE	TEN
	INCOME		PERSON	PERSONS								
1047	-	1050	10	10	78	184	277	396	471	583	695	807
1051	-	1053	10	10	77	183	276	395	470	582	694	806
1054	-	1056	10	10	76	182	275	394	469	581	693	805
1057	-	1060	10	10	75	181	274	393	468	580	692	804
1061	-	1063	10	10	74	180	273	392	467	579	691	803
1064	-	1066	10	10	73	179	272	391	466	578	690	802
1067	-	1070	10	10	72	178	271	390	465	577	689	801
1071	-	1073	10	10	71	177	270	389	464	576	688	800
1074	-	1076	10	10	70	176	269	388	463	575	687	799
1077	-	1080	10	10	69	175	268	387	462	574	686	798
1081	-	1083	10	10	68	174	267	386	461	573	685	797
1084	-	1086	10	10	67	173	266	385	460	572	684	796
1087	-	1090	10	10	66	172	265	384	459	571	683	795
1091	-	1093	10	10	65	171	264	383	458	570	682	794
1094	-	1096	10	10	64	170	263	382	457	569	681	793
1097	-	1100	10	10	63	169	262	381	456	568	680	792
1101	-	1103	10	10	62	168	261	380	455	567	679	791
1104	-	1106	10	10	61	167	260	379	454	566	678	790
1107	-	1110	10	10	60	166	259	378	453	565	677	789
1111	-	1113	10	10	59	165	258	377	452	564	676	788
1114	-	1116	10	10	58	164	257	376	451	563	675	787
1117	-	1120	10	10	57	163	256	375	450	562	674	786
1121	-	1123	10	10	56	162	255	374	449	561	673	785
1124	-	1126	10	10	55	161	254	373	448	560	672	784
1127	-	1130	10	10	54	160	253	372	447	559	671	783
1131	-	1133	10	10	53	159	252	371	446	558	670	782
1134	-	1136	10	10	52	158	251	370	445	557	669	781
1137	-	1140	10	10	51	157	250	369	444	556	668	780
1141	_	1143	10	10	50	156	249	368	443	555	667	779
1144	-	1146	10	10	49	155	248	367	442	554	666	778
1147	_	1150	10	10	48	154	247	366	441	553	665	777
1151	-	1153	10	10	47	153	246	365	440	552	664	776
1154	_	1156	10	10	46	152	245	364	439	551	663	775
1157	_	1160	10	10	45	151	244	363	438	550	662	774
1161	_	1163	10	10	44	150	243	362	437	549	661	773
1101		1105	10	10	• • •	150	213	302	1.57	217	001	113

	THLY		ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1164	-	1166	10	10	43	149	242	361	436	548	660	772
1167	-	1170	10	10	42	148	241	360	435	547	659	771
1171	-	1173	10	10	41	147	240	359	434	546	658	770
1174	-	1176	10	10	40	146	239	358	433	545	657	769
1177	-	1180	10	10	39	145	238	357	432	544	656	768
1181	-	1183	10	10	38	144	237	356	431	543	655	767
1184	-	1186	10	10	37	143	236	355	430	542	654	766
1187	-	1190	10	10	36	142	235	354	429	541	653	765
1191	-	1193	10	10	35	141	234	353	428	540	652	764
1194	-	1196	10	10	34	140	233	352	427	539	651	763
1197	-	1200	10	10	33	139	232	351	426	538	650	762
1201	-	1203	10	10	32	138	231	350	425	537	649	761
1204	-	1206	10	10	31	137	230	349	424	536	648	760
1207	-	1210	10	10	30	136	229	348	423	535	647	759
1211	-	1213	10	10	29	135	228	347	422	534	646	758
1214	_	1216	10	10	28	134	227	346	421	533	645	757
1217	_	1220	10	10	27	133	226	345	420	532	644	756
1221	_	1223	10	10	26	132	225	344	419	531	643	755
1224	_	1226	10	10	25	131	224	343	418	530	642	754
1227	-	1230	10	10	24	130	223	342	417	529	641	753
1231		1233	10	10	22	129	222	341	416	520	640	752
1231	-	1233		10	23 22	129	222	341	416	528 527	639	752 751
	-		10				221					
1237	-	1240	10	10	21	127	220	339	414	526 525	638	750 740
1241	-	1243	10	10	20	126	219	338	413	525	637	749
1244	-	1246	10	10	19	125	218	337	412	524	636	748
1247	-	1250	10	10	18	124	217	336	411	523	635	747
1251	-	1253	10	10	17	123	216	335	410	522	634	746
1254	-	1256	10	10	16	122	215	334	409	521	633	745
1257	-	1260	10	10	15	121	214	333	408	520	632	744
1261	-	1263	10	10	14	120	213	332	407	519	631	743
1264	_	1266	10	10	13	119	212	331	406	518	630	742
1267	-	1270	10	10	12	118	211	330	405	517	629	741
1271	_	1273	10	10	11	117	210	329	404	516	628	740
1274	_	1276	10	10	10	116	209	328	403	515	627	739
1277	_	1280	10	10	9	115	208	327	402	514	626	738
			-	-	-	-			-	-		

MONTHLY NET		TWO THR		FIVE	SIX	SEVEN	EIGHT	NINE	TEN
INCOME		RSONS PERS		PERSONS	PERSONS	PERSONS	PERSONS	PERSONS	PERSONS
	283 10	10 8	114	207	326	401	513	625	737
	286	10 7	113	206	325	400	512	624	736
	290	10 6	112	205	324	399	511	623	735
	293	10 6	111	204	323	398	510	622	734
1294 - 12	296	10 4	110	203	322	397	509	621	733
	800	10 4		202	321	396	508	620	732
	303	10 2		201	320	395	507	619	731
	06*	10 2*		200	319	394	506	618	730
	310	10	106	199	318	393	505	617	729
1311 - 13	313	10	105	198	317	392	504	616	728
	516	10	104	197	316	391	503	615	727
	320	10	103	196	315	390	502	614	726
	323	10	102	195	314	389	501	613	725
	326	10	101	194	313	388	500	612	724
1327 - 13	330	10	100	193	312	387	499	611	723
	333	10	99	192	311	386	498	610	722
	336	10	98	191	310	385	497	609	721
1337 - 13	340	10	97	190	309	384	496	608	720
1341 - 13	343	10	96	189	308	383	495	607	719
1344 - 13	346	10	95	188	307	382	494	606	718
1347 - 13	350	10	94	187	306	381	493	605	717
1351 - 13	353	10	93	186	305	380	492	604	716
1354 - 13	356	10	92	185	304	379	491	603	715
1357 - 13	360	10	91	184	303	378	490	602	714
1361 - 13	663	10	90	183	302	377	489	601	713
1364 - 13	366	10	89	182	301	376	488	600	712
1367 - 13	370	10	88	181	300	375	487	599	711
1371 - 13	373	10	87	180	299	374	486	598	710
1374 - 13	376	10	86	179	298	373	485	597	709
1377 - 13	880	10	85	178	297	372	484	596	708
1381 - 13	883	10	84	177	296	371	483	595	707
	886	10	83	176	295	370	482	594	706
	390	10	82	175	294	369	481	593	705
	393	10	81	174	293	368	480	592	704
	96	10	80	173	292	367	479	591	703
*Net Income Limi		\$1,3		1,0	-2-	50,	• • • •	0,1	, 00

	THLY I		ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1397 1400	- -	1400 1403	FERSON	10 10	FERSONS	79 78	172 171	291 290	366 365	478 477	590 589	702 701
1404	-	1406		10		77	170	289	364	476	588	700
1407	-	1410		10		76	169	288	363	475	587	699
1411	-	1413		10		75	168	287	362	474	586	698
1414	-	1416		10		74	167	286	361	473	585	697
1417	-	1420		10		73	166	285	360	472	584	696
1421	-	1423		10		72	165	284	359	471	583	695
1424	-	1426		10		71	164	283	358	470	582	694
1427	-	1430		10		70	163	282	357	469	581	693
1431	-	1433		10		69	162	281	356	468	580	692
1434	-	1436		10		68	161	280	355	467	579	691
1437	-	1440		10		67	160	279	354	466	578	690
1441	-	1443		10		66	159	278	353	465	577	689
1444	-	1446		10		65	158	277	352	464	576	688
1447	-	1450		10		64	157	276	351	463	575	687
1451	-	1453		10		63	156	275	350	462	574	686
1454	-	1456		10		62	155	274	349	461	573	685
1457	-	1460		10		61	154	273	348	460	572	684
1461	-	1463		10		60	153	272	347	459	571	683
1464	-	1466		10		59	152	271	346	458	570	682
1467	-	1470		10		58	151	270	345	457	569	681
1471	-	1473		10		57	150	269	344	456	568	680
1474	-	1476		10		56	149	268	343	455	567	679
1477	-	1480		10		55	148	267	342	454	566	678
1481	-	1483		10		54	147	266	341	453	565	677
1484	-	1486		10		53	146	265	340	452	564	676
1487	-	1490		10		52	145	264	339	451	563	675
1491	-	1493		10		51	144	263	338	450	562	674
1494	-	1496		10		50	143	262	337	449	561	673
1497	-	1500		10		49	142	261	336	448	560	672
1501	-	1503		10		48	141	260	335	447	559	671
1504	-	1506		10		47	140	259	334	446	558	670
1507	-	1510		10		46	139	258	333	445	557	669
1511	-	1513		10		45	138	257	332	444	556	668

	THLY I		ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1514	-	1516	I BIOON	10	I BROOND	44	137	256	331	443	555	667
				10						442	554	
1517	-	1520				43	136	255	330			666
1521	-	1523		10		42	135	254	329	441	553	665
1524	-	1526		10		41	134	253	328	440	552	664
1527	-	1530		10		40	133	252	327	439	551	663
1531	-	1533		10		39	132	251	326	438	550	662
1534	-	1536		10		38	131	250	325	437	549	661
1537	-	1540		10		37	130	249	324	436	548	660
1541	-	1543		10		36	129	248	323	435	547	659
1544	-	1546		10		35	128	247	322	434	546	658
1547	-	1550		10		34	127	246	321	433	545	657
1551	-	1553		10		33	126	245	320	432	544	656
1554	-	1556		10		32	125	244	319	431	543	655
1557	-	1560		10		31	124	243	318	430	542	654
1561	-	1563		10		30	123	242	317	429	541	653
1564	_	1566		10		29	122	241	316	428	540	652
1567	-	1570		10		28	121	240	315	427	539	651
1571	_	1573*		10		27*	120	239	314	426	538	650
1574	_	1576		10		26	119	238	313	425	537	649
1577	-	1580		10		25	118	237	312	424	536	648
1581	_	1583		10		24	117	236	311	423	535	647
1584	_	1586		10		23	116	235	310	422	534	646
1587	_	1590		10		22	115	234	309	421	533	645
1591	_	1593		10		21	114	233	308	420	532	644
1594	-	1596		10		20	113	232	307	419	531	643
1597	-	1600		10		19	112	231	306	418	530	642
1601	-	1603		10		18	111	230	305	417	529	641
1604	-	1606		10		17	110	229	304	416	528	640
1607	-	1610		10		16	109	228	303	415	527	639
1611	-	1613		10		15	108	227	302	414	526	638
1614	-	1616		10		14	107	226	301	413	525	637
1617	-	1620		10		13	106	225	300	412	524	636
1621	-	1623		10		12	105	224	299	411	523	635
1624	_	1626		10		11	104	223	298	410	522	634
1627	_	1630		10		10	103	222	297	409	521	633
	Income			-0		\$1,571	100		-21		221	033
1101						Ψ1,5/1						

MONTHLY N	IET	ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1631 - 1634 - 1637 - 1641 - 1644 -	1633 1636 1640 1643 1646	IZNON	10 10 10 10 10	TEROSIO	9 8 7 6 6	102 101 100 99 98	221 220 219 218 217	296 295 294 293 292	408 407 406 405 404	520 519 518 517 516	632 631 630 629 628
1647 - 1651 - 1654 - 1657 - 1661 -	1650 1653 1656 1660 1663		10 10 10 10 10		4 4 2 2	97 96 95 94 93	216 215 214 213 212	291 290 289 288 287	403 402 401 400 399	515 514 513 512 511	627 626 625 624 623
1664 - 1667 - 1671 - 1674 - 1677 -	1666 1670 1673 1676 1680		10 10 10 10 10			92 91 90 89 88	211 210 209 208 207	286 285 284 283 282	398 397 396 395 394	510 509 508 507 506	622 621 620 619 618
1681 - 1684 - 1687 - 1691 - 1694 -	1683 1686 1690 1693 1696		10 10 10 10 10			87 86 85 84 83	206 205 204 203 202	281 280 279 278 277	393 392 391 390 389	505 504 503 502 501	617 616 615 614 613
1697 - 1701 - 1704 - 1707 - 1711 -	1700 1703 1706 1710 1713		10 10 10 10 10			82 81 80 79 78	201 200 199 198 197	276 275 274 273 272	388 387 386 385 384	500 499 498 497 496	612 611 610 609 608
1714 - 1717 - 1721 - 1724 - 1727 -	1716 1720 1723 1726 1730		10 10			77 76 75 74 73	196 195 194 193 192	271 270 269 268 267	383 382 381 380 379	495 494 493 492 491	607 606 605 604 603
1731 - 1734 - 1737 - 1741 - 1744 -	1733 1736 1740 1743 1746					72 71 70 69 68	191 190 189 188 187	266 265 264 263 262	378 377 376 375 374	490 489 488 487 486	602 601 600 599 598

	THLY I		ONE	TWO	THREE	FOUR	FIVE	SIX	SEVEN	EIGHT	NINE	TEN
I	NCOME	3	PERSON	PERSONS								
1747	-	1750					67	186	261	373	485	597
1751	-	1753					66	185	260	372	484	596
1754	_	1756					65	184	259	371	483	595
1757	-	1760					64	183	258	370	482	594
1761	-	1763					63	182	257	369	481	593
1764	-	1765					62	181	256	368	480	592
1767	_	1770					61	180	255	367	479	591
1771	_	1773					60	179	254	366	478	590
1774	_	1776					59	178	253	365	477	589
1777	_	1780					58	177	252	364	476	588
1///	_	1700					36	1//	232	304	470	366
1781	-	1783					57	176	251	363	475	587
1784	-	1786					56	175	250	362	474	586
1787	-	1790					55	174	249	361	473	585
1791	-	1793					54	173	248	360	472	584
1794	-	1796					53	172	247	359	471	583
1797	_	1800					52	171	246	358	470	582
1801	-	1803					51	170	245	357	469	581
1804	-	1806					50	169	244	356	468	580
1807	-	1810					49	168	243	355	467	579
1811	-	1813					48	167	242	354	466	578
1814	_	1816					47	166	241	353	465	577
1817	_	1820					46	165	240	352	464	576
1821		1823					45			351	463	575
	-							164	239			
1824	-	1826					44	163	238	350	462	574
1827	-	1830					43	162	237	349	461	573
1831	-	1833					42	161	236	348	460	572
1834	_	1836*					41*	160	235	347	459	571
1837	_	1840					40	159	234	346	458	570
1841	_	1843					39	158	233	345	457	569
1844	_	1846					38	157	232	344	456	568
1044	-	1040					36	137	232	344	430	308
1847	-	1850					37	156	231	343	455	567
1851	-	1853					36	155	230	342	454	566
1854	-	1856					35	154	229	341	453	565
1857	-	1860					34	153	228	340	452	564
1861	_	1863					33	152	227	339	451	563
	Income						\$1,836			227		202
1101	111001110	Limit					Ψ1,050					

MONTHLY NET INCOME	ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1864 - 1866 1867 - 1870 1871 - 1873 1874 - 1876 1877 - 1880	Intoon	LEROONS	I BROONS	I BROOND	32 31 30 29 28	151 150 149 148 147	226 225 224 223 222	338 337 336 335 334	450 449 448 447 446	562 561 560 559 558
1881 - 1883 1884 - 1886 1887 - 1890 1891 - 1893 1894 - 1896					27 26 25 24 23	146 145 144 143 142	221 220 219 218 217	333 332 331 330 329	445 444 443 442 441	557 556 555 554 553
1897 - 1900 1901 - 1903 1904 - 1906 1907 - 1910 1911 - 1913					22 21 20 19 18	141 140 139 138 137	216 215 214 213 212	328 327 326 325 324	440 439 438 437 436	552 551 550 549 548
1914 - 1916 1917 - 1920 1921 - 1923 1924 - 1926 1927 - 1930					17 16 15 14 13	136 135 134 133 132	211 210 209 208 207	323 322 321 320 319	435 434 433 432 431	547 546 545 544 543
1931 - 1933 1934 - 1936 1937 - 1940 1941 - 1943 1944 - 1946					12 11 10 9 8	131 130 129 128 127	206 205 204 203 202	318 317 316 315 314	430 429 428 427 426	542 541 540 539 538
1947 - 1950 1951 - 1953 1954 - 1956 1957 - 1960 1961 - 1963					7 6 6 4 4	126 125 124 123 122	201 200 199 198 197	313 312 311 310 309	425 424 423 422 421	537 536 535 534 533
1964 - 1966 1967 - 1970 1971 - 1973 1974 - 1976 1977 - 1980					2 2	121 120 119 118 117	196 195 194 193 192	308 307 306 305 304	420 419 418 417 416	532 531 530 529 528

MONTHLY INCOM		ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1981 - 1984 - 1987 -	1983 1986 1990	I BROOM	12100110	12100110	12100110	TERROTTO	116 115 114	191 190 189	303 302 301	415 414 413	527 526 525
1991 - 1994 -	1993 1996						113 112	188 187	300 299	412 411	524 523
1997 - 2001 -	2000 2003						111 110	186 185	298 297	410 409	522 521
2004 -	2006						109	184	296	408	520
2007 -	2010						108	183	295	407	519
2011 -	2013						107	182	294	406	518
2014 -	2016						106	181	293	405	517
2017 -	2020						105	180	292	404	516
2021 - 2024 -	2023 2026						104 103	179 178	291 290	403 402	515 514
2027 -	2020						103	177	289	402	513
2027 -	2030						102	1 / /	20)	401	313
2031 -	2033						101	176	288	400	512
2034 -	2036						100	175	287	399	511
2037 -	2040						99	174	286	398	510
2041 -	2043						98	173	285	397	509
2044 -	2046						97	172	284	396	508
2047 -	2050						96	171	283	395	507
2051 -	2053						95	170	282	394	506
2054 -	2056						94	169	281	393	505
2057 -	2060						93	168	280	392	504
2061 -	2063						92	167	279	391	503
2064 -	2066						91	166	278	390	502
2067 -	2070						90	165	277	389	501
2071 -	2073						89	164	276	388	500
2074 -	2076						88	163	275	387	499
2077 -	2080						87	162	274	386	498
2081 -	2083						86	161	273	385	497
2084 -	2086						85	160	272	384	496
2087 -	2090						84	159	271	383	495
2091 -	2093						83	158	270	382	494
2094 -	2096						82	157	269	381	493

MONTHLY NET INCOME	ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
2097 - 2100 2101 - 2103* 2104 - 2106 2107 - 2110 2111 - 2113	PERSON	PERSONS	PERSONS	PERSONS	PERSONS	81 80* 79 78 77	156 155 154 153 152	268 267 266 265 264	380 379 378 377 376	492 491 490 489 488
2114 - 2116 2117 - 2120 2121 - 2123 2124 - 2126 2127 - 2130						76 75 74 73 72	151 150 149 148 147	263 262 261 260 259	375 374 373 372 371	487 486 485 484 483
2131 - 2133 2134 - 2136 2137 - 2140 2141 - 2143 2144 - 2146						71 70 69 68 67	146 145 144 143 142	258 257 256 255 254	370 369 368 367 366	482 481 480 479 478
2147 - 2150 2151 - 2153 2154 - 2156 2157 - 2160 2161 - 2163						66 65 64 63 62	141 140 139 138 137	253 252 251 250 249	365 364 363 362 361	477 476 475 474 473
2164 - 2166 2167 - 2170 2171 - 2173 2174 - 2176 2177 - 2180						61 60 59 58 57	136 135 134 133 132	248 247 246 245 244	360 359 358 357 356	472 471 470 469 468
2181 - 2183 2184 - 2186 2187 - 2190 2191 - 2193 2194 - 2196						56 55 54 53 52	131 130 129 128 127	243 242 241 240 239	355 354 353 352 351	467 466 465 464 463
2197 - 2200 2201 - 2203 2204 - 2206 2207 - 2210 2211 - 2213 *Net Income Limit						51 50 49 48 47 \$2,101	126 125 124 123 122	238 237 236 235 234	350 349 348 347 346	462 461 460 459 458

MONTHLY N INCOME		ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
2214 - 2217 - 2221 - 2224 - 2227 -	2216 2220 2223 2226 2230						46 45 44 43 42	121 120 119 118 117	233 232 231 230 229	345 344 343 342 341	457 456 455 454 453
2231 - 2234 - 2237 - 2241 - 2244 -	2233 2236 2240 2243 2246						41 40 39 38 37	116 115 114 113 112	228 227 226 225 224	340 339 338 337 336	452 451 450 449 448
2247 - 2251 - 2254 - 2257 - 2261 -	2250 2253 2256 2260 2263						36 35 34 33 32	111 110 109 108 107	223 222 221 220 219	335 334 333 332 331	447 446 445 444 443
2264 - 2267 - 2271 - 2274 - 2277 -	2266 2270 2273 2276 2280						31 30 29 28 27	106 105 104 103 102	218 217 216 215 214	330 329 328 327 326	442 441 440 439 438
2281 - 2284 - 2287 - 2291 - 2294 -	2283 2286 2290 2293 2296						26 25 24 23 22	101 100 99 98 97	213 212 211 210 209	325 324 323 322 321	437 436 435 434 433
2297 - 2301 - 2304 - 2307 - 2311 -	2300 2303 2306 2310 2313						21 20 19 18 17	96 95 94 93 92	208 207 206 205 204	320 319 318 317 316	432 431 430 429 428
2314 - 2317 - 2321 - 2324 - 2327 -	2316 2320 2323 2326 2330						16 15 14 13 12	91 90 89 88 87	203 202 201 200 199	315 314 313 312 311	427 426 425 424 423

MONTHLY NET INCOME	ONE PERSON	TWO PERSONS	THREE	FOUR	FIVE	SIX	SEVEN	EIGHT	NINE	TEN PERSONS
2331 - 2333 2334 - 2336	PERSON	PERSONS	PERSONS	PERSONS	PERSONS	PERSONS 11 10	PERSONS 86 85	PERSONS 198 197	PERSONS 310 309	422 421
2337 - 2340						9	84	196	308	420
2341 - 2343						8	83	195	307	419
2344 - 2346						7	82	194	306	418
2347 - 2350						6	81	193	305	417
2351 - 2353						6	80	192	304	416
2354 - 2356						4	79 70	191	303	415
2357 - 2360						4	78	190	302	414
2361 - 2363						2	77	189	301	413
2364 - 2366*						2	76*	188	300	412
2367 - 2370							75	187	299	411
2371 - 2373							74	186	298	410
2374 - 2376							73	185	297	409
2377 - 2380							72	184	296	408
2381 - 2383							71	183	295	407
2384 - 2386							70	182	294	406
2387 - 2390							69	181	293	405
2391 - 2393							68	180	292	404
2394 - 2396							67	179	291	403
2397 - 2400							66	178	290	402
2401 - 2403							65	177	289	401
2404 - 2406							64	176	288	400
2407 - 2410							63	175	287	399
2411 - 2413							62	174	286	398
2414 - 2416							61	173	285	397
2417 - 2420							60	172	284	396
2421 - 2423							59	171	283	395
2424 - 2426							58	170	282	394
2427 - 2430							57	169	281	393
2431 - 2433							56	168	280	392
2434 - 2436							55	167	279	391
2437 - 2440							54	166	278	390
2441 - 2443							53	165	277	389
2444 - 2446							52	164	276	388
*Net Income Limit							\$2,366			

MONTHLY NET INCOME	ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
2447 - 2450 2451 - 2453 2454 - 2456 2457 - 2460 2461 - 2463	IBROON	THRONG	TERCONS	TERCONS	TERCONS	THRONG	51 50 49 48 47	163 162 161 160 159	275 274 273 272 271	387 386 385 384 383
2464 - 2466 2467 - 2470 2471 - 2473 2474 - 2476 2477 - 2480							46 45 44 43 42	158 157 156 155 154	270 269 268 267 266	382 381 380 379 378
2481 - 2483 2484 - 2486 2487 - 2490 2491 - 2493 2494 - 2496							41 40 39 38 37	153 152 151 150 149	265 264 263 262 261	377 376 375 374 373
2497 - 2500 2501 - 2503 2504 - 2506 2507 - 2510 2511 - 2513							36 35 34 33 32	148 147 146 145 144	260 259 258 257 256	372 371 370 369 368
2514 - 2516 2517 - 2520 2521 - 2523 2524 - 2526 2527 - 2530							31 30 29 28 27	143 142 141 140 139	255 254 253 252 251	367 366 365 364 363
2531 - 2533 2534 - 2536 2537 - 2540 2541 - 2543 2544 - 2546							26 25 24 23 22	138 137 136 135 134	250 249 248 247 246	362 361 360 359 358
2547 - 2550 2551 - 2553 2554 - 2556 2557 - 2560 2561 - 2563							21 20 19 18 17	133 132 131 130 129	245 244 243 242 241	357 356 355 354 353

MONTHLY NET INCOME	ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
2564 - 2566 2567 - 2570 2571 - 2573 2574 - 2576 2577 - 2580	FERSON	FERSONS	FERSONS	FERSONS	FERSONS	FERSONS	16 15 14 13	128 127 126 125 124	240 239 238 237 236	352 351 350 349 348
2581 - 2583 2584 - 2586 2587 - 2590 2591 - 2593 2594 - 2596							11 10 9 8 7	123 122 121 120 119	235 234 233 232 231	347 346 345 344 343
2597 - 2600 2601 - 2603 2604 - 2606 2607 - 2610 2611 - 2613							6 6 4 4 2	118 117 116 115 114	230 229 228 227 226	342 341 340 339 338
2614 - 2616 2617 - 2620 2621 - 2623 2624 - 2626 2627 - 2630							2	113 112 111 110 109	225 224 223 222 221	337 336 335 334 333
2631 - 2633* 2634 - 2636 2637 - 2640 2641 - 2643 2644 - 2646								108* 107 106 105 104	220 219 218 217 216	332 331 330 329 328
2647 - 2650 2651 - 2653 2654 - 2656 2657 - 2660 2661 - 2663								103 102 101 100 99	215 214 213 212 211	327 326 325 324 323
2664 - 2666 2667 - 2670 2671 - 2673 2674 - 2676 2677 - 2680 *Net Income Limit								98 97 96 95 94 \$2,631	210 209 208 207 206	322 321 320 319 318

MONTHLY NE INCOME	T ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
2681 - 2 2684 - 2 2687 - 2 2691 - 2	683 686 690 693 696							93 92 91 90 89	205 204 203 202 201	317 316 315 314 313
2701 - 2 2704 - 2 2707 - 2	700 703 706 710 713							88 87 86 85 84	200 199 198 197 196	312 311 310 309 308
2717 - 2 2721 - 2 2724 - 2	716 720 723 726 730							83 82 81 80 79	195 194 193 192 191	307 306 305 304 303
2734 - 2 2737 - 2 2741 - 2	733 736 740 743 746							78 77 76 75 74	190 189 188 187 186	302 301 300 299 298
2751 - 2 2754 - 2 2757 - 2	750 753 756 760 763							73 72 71 70 69	185 184 183 182 181	297 296 295 294 293
2767 - 2 2771 - 2 2774 - 2	766 770 773 776 780							68 67 66 65 64	180 179 178 177 176	292 291 290 289 288
2784 - 2 2787 - 2 2791 - 2	783 786 790 793							63 62 61 60 59	175 174 173 172 171	287 286 285 284 283

MONTHLY NE INCOME	T ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
2797 - 2 2801 - 2 2804 - 2 2807 - 2	1800 1803 1806 1810 1813	randond		TEROSING	TEROSINO	IBROOM	IBROOMS	58 57 56 55 54	170 169 168 167 166	282 281 280 279 278
2814 - 2 2817 - 2 2821 - 2 2824 - 2	.816 .820 .823 .826 .830							53 52 51 50 49	165 164 163 162 161	277 276 275 274 273
2834 - 2 2837 - 2 2841 - 2	833 836 840 843 846							48 47 46 45 44	160 159 158 157 156	272 271 270 269 268
2851 - 2 2854 - 2 2857 - 2	.850 .853 .856 .860 .863							43 42 41 40 39	155 154 153 152 151	267 266 265 264 263
2867 - 2 2871 - 2 2874 - 2	.866 .870 .873 .876 .880							38 37 36 35 34	150 149 148 147 146	262 261 260 259 258
2884 - 2 2887 - 2 2891 - 2	883 886 890 893 896*							33 32 31 30 29	145 144 143 142 141*	257 256 255 254 253
2901 - 2 2904 - 2 2907 - 2	9900 9903 9906 9910 9913 mit							28 27 26 25 24	140 139 138 137 136 \$2,896	252 251 250 249 248

MONTHLY INCOM		ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
2914 - 2917 - 2921 - 2924 - 2927 -	2916 2920 2923 2926 2930								23 22 21 20 19	135 134 133 132 131	247 246 245 244 243
2931 - 2934 - 2937 - 2941 - 2944 -	2933 2936 2940 2943 2946								18 17 16 15 14	130 129 128 127 126	242 241 240 239 238
2947 - 2951 - 2954 - 2957 - 2961 -	2950 2953 2956 2960 2963								13 12 11 10 9	125 124 123 122 121	237 236 235 234 233
2964 - 2967 - 2971 - 2974 - 2977 -	2966 2970 2973 2976 2980								8 7 6 6 4	120 119 118 117 116	232 231 230 229 228
2981 - 2984 - 2987 - 2991 - 2994 -	2983 2986 2990 2993 2996								4 2 2	115 114 113 112 111	227 226 225 224 223
2997 - 3001 - 3004 - 3007 - 3011 -	3000 3003 3006 3010 3013									110 109 108 107 106	222 221 220 219 218
3014 - 3017 - 3021 - 3024 - 3027 -	3016 3020 3023 3026 3030									105 104 103 102 101	217 216 215 214 213

MONTHLY NET INCOME	ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
3031 - 3033 3034 - 3036 3037 - 3040 3041 - 3043 3044 - 3046	1 Lindon	LENGONO							100 99 98 97 96	212 211 210 209 208
3047 - 3050 3051 - 3053 3054 - 3056 3057 - 3060 3061 - 3063									95 94 93 92 91	207 206 205 204 203
3064 - 3066 3067 - 3070 3071 - 3073 3074 - 3076 3077 - 3080									90 89 88 87 86	202 201 200 199 198
3081 - 3083 3084 - 3086 3087 - 3090 3091 - 3093 3094 - 3096									85 84 83 82 81	197 196 195 194 193
3097 - 3100 3101 - 3103 3104 - 3106 3107 - 3110 3111 - 3113									80 79 78 77 76	192 191 190 189 188
3114 - 3116 3117 - 3120 3121 - 3123 3124 - 3126 3127 - 3130									75 74 73 72 71	187 186 185 184 183
3131 - 3133 3134 - 3136 3137 - 3140 3141 - 3143 3144 - 3146									70 69 68 67 66	182 181 180 179 178

3147 - 3150 65 177 3151 - 3153 64 176 3154 - 3156 63 175 3157 - 3160 62 174 3161 - 3163* 61 173* 3167 - 3170 59 171 3171 - 3173 58 170 3174 - 3176 57 169 3176 - 3180 56 168	MONTHLY N INCOME			THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
3167 - 3170 59 171 3171 - 3173 58 170 3174 - 3176 57 169 3176 - 3180 56 168 3181 - 3183 55 167	3147 - 3151 - 3154 - 3157 -	3150 3153 3156 3160	SON FERSONS	FERSONS	FERSONS	FERSONS	FERSONS	FERSONS	FERSONS	65 64 63 62	177 176 175 174
3181 - 3183 3184 - 3186 54 166	3167 - 3171 - 3174 -	3170 3173 3176								59 58 57	171 170 169
3184 - 3186 54 166	3181 -	3183								55	167
		3186								54	166
3187 - 3190	3187 -	3190								53	165
3191 - 3193 52 164		3193								52	
3194 - 3196	3194 -	3196								51	163
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3201 - 3203 49 161	3201 -	3203									161
3204 - 3206											
3207 - 3210 47 159											
3211 - 3213											158
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3217 - 3220											156
3221 - 3223	3221 -									43	155
3224 - 3226											
3227 - 3230	3227 -	3230								41	153
3231 - 3233											152
3234 - 3236										39	
3237 - 3240		3240								38	
3241 - 3243 37 149	3241 -	3243									
3244 - 3246	3244 -	3246								36	148
3247 - 3250										35	
3251 - 3253											
3254 - 3256										33	
3257 - 3260 32 144										32	
3261 - 3263 31 143										31	
*Net Income Limit											

MONTHLY NET INCOME	ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
3264 - 326 3267 - 327 3271 - 327 3274 - 327 3277 - 328	66 70 73 76								30 29 28 27 26	142 141 140 139 138
3281 - 328 3284 - 328 3287 - 329 3291 - 329 3294 - 329	36 90 93								25 24 23 22 21	137 136 135 134 133
3297 - 330 3301 - 330 3304 - 330 3307 - 331 3311 - 331	03 06 .0								20 19 18 17 16	132 131 130 129 128
3314 - 331 3317 - 332 3321 - 332 3324 - 332 3327 - 333	20 23 26								15 14 13 12 11	127 126 125 124 123
3331 - 333 3334 - 333 3337 - 334 3341 - 334 3344 - 334	36 40 43								10 9 8 7 6	122 121 120 119 118
3347 - 335 3351 - 335 3354 - 335 3357 - 336 3361 - 336	52 56 50								6 4 4 2 2	117 116 115 114 113
3364 - 336 3367 - 337 3371 - 337 3374 - 337 3377 - 338	70 73 76									112 111 110 109 108

MONTHLY INCOM		ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
3381 - 3384 - 3387 - 3391 - 3394 -	3383 3386 3390 3393 3396	FERGON	PERCORC	PERSONS	PERSONS	PERSONS	PERSONS	PERCONO			107 106 105 104 103
3397 - 3401 - 3404 - 3407 - 3411 -	3400 3403 3406 3410 3413										102 101 100 99 98
3414 - 3417 - 3421 - 3424 - 3427 -	3416 3420 3423 3426 3430										97 96 95 94 93
3431 - 3434 - 3437 - 3441 - 3444 -	3433 3436 3440 3443 3446										92 91 90 89 88
3447 - 3451 - 3454 - 3457 - 3461 -	3450 3453 3456 3460 3463										87 86 85 84 83
3464 - 3467 - 3471 - 3474 - 3477 -	3466 3470 3473 3476 3480										82 81 80 79 78
3481 - 3484 - 3487 - 3491 - 3494 -	3483 3486 3490 3493 3496										77 76 75 74 73

	HLY I		ONE	TWO	THREE	FOUR	FIVE	SIX	SEVEN	EIGHT	NINE	TEN
3497 3501 3504 3507 3511	NCOME - - - -	3500 3503 3506 3510 3513	PERSON	PERSONS 72 71 70 69 68								
3514 3517 3521 3524 3527	- - - -	3516 3520 3523 3526 3530										67 66 65 64 63
3531 3534 3537 3541 3544	- - - -	3533 3536 3540 3543 3546										62 61 60 59 58
3547 3551 3554 3557 3561	- - - -	3550 3553 3556 3560 3563										57 56 55 54 53
3564 3567 3571 3574 3577	- - - -	3566 3570 3573 3576 3580										52 51 50 49 48
3581 3584 3587 3591 3594	- - - -	3583 3586 3590 3593 3596										47 46 45 44 43
3597 3601 3604 3607 3611	- - - -	3600 3603 3606 3610 3613										42 41 40 39 38

MONTHLY INCOME		ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
3614 - 3617 - 3621 - 3624 - 3627 -	3616 3620 3623 3626 3630										37 36 35 34 33
3631 - 3634 - 3637 - 3641 - 3544 -	3633 3636 3640 3643 3646										32 31 30 29 28
3647 - 3651 - 3654 - 3657 - 3661 -	3650 3653 3656 3660 3663										27 26 25 24 23
3664 - 3667 - 3671 - 3674 - 3677 -	3666 3670 3673 3676 3680										22 21 20 19 18
3681 - 3684 - 3687 - 3691 - 3694 -	3683 3686 3690 3693 3696										17 16 15 14 13
3697 - 3701 - 3704 - 3707 - 3711 -	3700 3703 3706 3710 3713										12 11 10 9 8
3714 - 3717 - 3721 - 3724 - 3727 -	3716 3720 3723 3726 3730										7 6 6 4 4

MONT	THLY 1	NET	ONE	TWO	THREE	FOUR	FIVE	SIX	SEVEN	EIGHT	NINE	TEN
I	NCOME		PERSON	PERSONS								
3731	-	3733										2
3734	-	3736										2

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COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES

CHANGE REPORT

CASE NAME	CASE NUMBER
WORKER NAME	LOCALITY
AGENCY TELEPHONE NUMBER	

You must report the changes listed below for your Food Stamps or Temporary Assistance for Needy Families (TANF) case.

Report changes within 10 days of the day they occur; but at the latest, you have until the 10th day of the following month to report the change.

ADDRESS CHANGE

New Address (Street, Apt. Number)	City, State Zip	Telephone

INCOME FOR YOUR HOUSEHOLD GOES OVER THE LIMIT BELOW

Number of People in your Household	Gross Income Limits				
	Monthly	Weekly	Every 2 weeks	Twice a month	
1	\$1,009	\$234.65	\$ 469.30	\$ 504.50	
2	1,354	314.88	629.77	677.00	
3	1,698	394.88	789.77	849.00	
4	2,043	475.11	950.23	1,021.50	
5	2,387	555.11	1,110.23	1,193.50	
6	2,732	635.35	1,270.70	1,366.00	
7	3,076	715.35	1,430.70	1,538.00	
8	3,421	795.58	1,591.16	1,710.50	
For each additional member add	+ \$345	+ \$80.23	+ \$160.46	+\$172.50	

These amounts are good through 9/30/05.

۸۸۸	arnee	income	for all	the	neonle	in vo	ur hou	blodes
AUU	OFOSS	1111111111111111111111111111111	IOI AII	me	DECIDIE	III VO	116 116): 1	Senoid

New income total \$ _

THE NUMBER OF WORK HOURS IN A WEEK GOES UNDER 20 FOR MEMBERS WHO ARE 18-50 IF THERE ARE NO CHILDREN IN THE HOUSE

NAME	NUMBER OF HOURS	WHERE WORKING

IF YOU RECEIVE TANF, TELL US IF AN ELIGIBLE CHILD LEAVES YOUR HOME

Name	Date moved out	Name	Date moved out

CHANGES THAT MAY AFFECT VIEW PARTICIPATION FOR TANF. DISCUSS WITH YOUR VIEW WORKER.

Change that has occurred	
~	

Signature_

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	R EXPENSE Property		Homeowner's In	surance	Electric	ity	
\$ per	\$	per	\$ pe	ar	s	per	
Gas	Öil	poi	Kerosene, Coal				
\$ per	s	per					
Water/Sewer	Garbage		Telephone (Bas	ic Service On	ly) Installa	tion Fees	
\$ per	\$	per	\$ po	er	\$	per	
NGE IN DAY CA	DE EYDENG	EC					
Person paying for ca		Person rece	iving care	A	mount billed	How ofte	en?
				s			
			40-0:				
Name	AL EXPENSE	S FOR MEN			OR MORE		BLED
Namo		1,700 01 0200				-	
					<u> </u>		
	* * ***						
IGE IN LEGALL							
Person paying suppo	οπ	Person receiv	ving support	Amount leg	ally obligated	d Amount pa	ııa
				\$	per	\$	per
IGE IN THE NU	IMBER OF P	EOPLE IN Y	OUR HOUS	EHOLD	Has	ANYONE MOV	ED IN?
Name	Date mov		Relationship to			cial Security Nun	
Date of Birth			Race (not requ	uired)	Sex	Marital Status	3
U.S. Citizen	If Alien, give alie entry	n number, date o	Last school gr	ade completed	i	Currently in S	chool?
Yes () No ()						1 105() 14	<u> </u>
Yes () No ()	VED OUT (:				15.	te moved out	
HAS ANYONE MO	Date mov	ed out	Name		Dai	le moved out	

The Virginia Department of Social Services is an equal opportunity provider.

___ Date __

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CHANGE REPORT

FORM NUMBER - 032-03-051

 $\underline{\text{PURPOSE OF FORM}}$ - To provide a recipient household with a method of reporting changes in circumstances.

<u>USE OF FORM</u> - Recipient households may use the form to report changes in circumstances. Households must report changes to the agency when they occur but no later than 10 days after the month of the change.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - The agency must provide the Change Report to all households at the time of initial application and reapplication and at recertification if the income limits listed on the form have changed or if the household needs another form. The agency must also provide the Change Report form whenever the household returns a completed one or reports a change in the household size.

 $\overline{\text{INSTRUCTIONS FOR PREPARATION OF FORM}}$ - The EW must complete information at the top of the form before providing the form to the household.

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Commonwealth of Virginia
Department of Social Services
WAIVER OF ADMINISTRATIVE DISQUALIFICATION HEARING

				1	
Name and Address		Case Name			
		Case Number			
		Locality		Date	
The Notice of Intentional Prog intentionally violated a progra (TANF) program, or _ Food S	m rule in the _	Temporary	Assistance for N	eedy Families	
Amount of TANF overpaymen	t \$ Am	ount of Foo	d Stamp overissu	ance \$	
This form is a WAIVER of an	administrative	disqualifica	tion hearing.		
IF YOU CHOOSE TO SIGN T to the facts as presented in the do not have to admit to any of	Notice of Inten	tional Progr			
IF YOU ARE NOT THE APPI WAIVER.	LICANT, THA	T PERSON	MUST ALSO SI	GN THIS	
If you choose to sign this waive hearing. Please return the form		n it by	to avo	id scheduling a	
Agency Name and Address					
Worker	Telephone	.,	For Free Legal	Advice Call	
Check one of the following star I admit to the fa penalty will be imposed	tements: cts as presented and a reduction	on of benefit	s will occur if I si	gn this waiver.	
I do not admit th sign this waiver and un benefits will result.					
Signature			Date	2	
Signature of Applicant if Oth	er Than You		Date		
0.24 0.2 7.24 /2					

032-03-722/2

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WAIVER OF ADMINISTRATIVE DISQUALIFICATION HEARING

<u>FORM NUMBER</u> - 032-03-722 This form and instructions are available online at www.localagency.dss.state.va.us/divisions/bp/forms.cgi.

<u>PURPOSE OF FORM</u> - To advise a household member suspected of having committed an intentional program violation (IPV) that the right to a hearing may be waived but the disqualification penalty will be imposed if the waiver is signed.

<u>USE OF FORM</u> - The local agency must complete the form and send it to determine if a waiver to the administrative disqualification hearing can be obtained before referring the case to the Hearing Authority. This form must be sent with the Notice of Intentional Program Violation.

NUMBER OF COPIES - Three.

<u>DISPOSITION OF FORM</u> - The local agency must send the original to the individual suspected of committing an IPV and send a copy to **Fraud Management** if the waiver is signed. The agency must keep a copy.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information at the top of the form. Enter the amount of the overpayment or overissuance for the program involved. Complete the form with the date by which the form must be returned if the waiver is to be activated. Enter a date that is 10 days after the mailing date.

If the right to the hearing is waived, the individual must complete the rest of the form and return it to the agency.

If a signed waiver is returned to the agency, a copy must be sent to **Fraud Management**.

FOOD STAMP PROGRAM DISQUALIFIED RECIPIENT FORM

	PLEASE REFER TO INSTRUCTIONS	BEFORE COMPLETING THIS FORM
1.	LOCALITY CODE	
	0	4
2.	TYPE OF ACTIVITY ADD	CHANGEDELETE
3.	NAME (DO NOT EXCEED MAXIMUM LINE LENGTH	1)
	(a) Last Name	(b) First Name (c) M I
4.	SOCIAL SECURITY NUMBER	5. DATE OF BIRTH MM DD YY
6.	SEX 7. CASE NUMBER	8. DISQUALIFICATION DECISION DATE MM DD YY
		MM DD YY
9.	DISQUALIFICATION NUMBER 0 = All disqualifications for offenses occurring before April 1, 1983	10. EFFECTIVE DATE OF DISQUALIFICATION MM DD YY
	1 = First disqualification determined for an offense on or after April 1, 1983	
	2 = Second and subsequent disqualification other than permanent disqualification after	11. LENGTH OF DISQUALIFICATION PERIOD
	April 1, 1983 3 = Permanent Disqualification	11. EENGTH OF DISCOALIFICATION FERIOD
12.	OFFENSE CODE – Type the offense resulting in the disqu	ualification
	A – Drug Trafficking Conviction involving	E – Duplicate Participation (10 year disqualification)
	less than \$500 B – Any Trafficking Conviction (including drugs	
	involving \$500 or more C - Firearms Trafficking Conviction, any amoun D - Trafficking, Administrative Finding	
REMA	ARKS	
PREP	ARED BY	TITLE
TELE	PHONE (EXT	DATE/
032-03	3-010/1 (10/03) (Formerly FNS-524)	Leaves to the control of the control

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DISQUALIFIED RECIPIENT REPORT

 $\underline{\text{FORM NUMBER}}$ - 032-03-010 (This form and instructions are available online at www.localagency.dss.state.va.us/divisions/bp/forms.cgi.

 $\overline{\text{PURPOSE OF FORM}}$ - To record information about individuals who have committed intentional program violations (IPV) in the Disqualified Recipient Subsystem (DRS).

USE OF FORM - To be completed within 20 days of an IPV finding.

NUMBER OF COPIES - Two.

 $\underline{\mbox{DISPOSITION OF FORM}}$ - The local agency must keep a copy of the form and send a copy to:

Virginia Department of Social Services
Fraud Management
Office of Audit Services
7 North Eighth Street
Richmond VA 23219-3301

INSTRUCTIONS FOR PREPARATION OF FORM -

- 1. LOCALITY CODE Agency FIPS Code.
- 2. ACTIVITY CODE -ADD - Create a new record, including a new record for an individual with a previous disqualification. CHANGE - Add to or correct information already in the DRS system. DELETE - Remove a record from the DRS system.
- 3-7. Self-explanatory.
- 8. DISQUALIFICATION DECISION DATE Date of IPV finding by a court or through the ADH process.
- 9. DISQUALIFICATION NUMBER Enter appropriate number 0, 1,2, or 3 to identify when the offense occurred.
- 10. EFFECTIVE DATE OF DISQUALIFICATION Enter the beginning date of the disqualification.
- 11. LENGTH OF DISQUALIFICATION PERIOD Enter the number of months disqualified. If permanent, enter 99, 97 for a 10-year period and 98 for a period that is more than 96 months.
- 12. OFFENSE CODE Enter the appropriate code from the form to identify the type of offense that occurred.

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Notice of Transfer

FORM NUMBER - 032-03-658

 $\underline{\text{PURPOSE}}$ AND USE OF FORM - To advise a household that responsibility for a case has been transferred from one locality to another and to provide the contact information of the new agency.

NUMBER OF COPIES - Two.

 $\underline{\hbox{DISPOSITION OF FORM}}$ - The local agency worker must complete the form and mail it to the household when a case record is transferred to another locality.

INSTRUCTIONS FOR PREPARATION OF FORM -

Complete the form with identifying information of the case and with the telephone number and address of the local social services agency to which the case has been transferred. Mark the section to note if the household is required to provide verifications that affect the benefit amount to the new agency. Identify the information needed from the household on the Notice of Action or checklist and on the Case Record Transfer Form.

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